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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002725 (9)**

1. Corporation Name

IGLESIA BAUTISTA SHALOM, INC.

Principal Place of Business

Mailing Address

**6790 S.W. 56 ST.
MIAMI FL 33155**

**P.O. BOX 558185
MIAMI FL 33255**

2. Principal Place of Business

2a. Mailing Address

21 860 S.W. 76 COURT

25 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FL

27

Zip

Country

Zip

Country

24 33144

25 DADE

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/13/1994

4. FEI Number

65-0522488

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MILLAN, OBED**
STREET ADDRESS **13325 SW 8 LN.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **VALDES, EMIGDIO O**
STREET ADDRESS **7161 SW 14 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **REYES, JUSTO**
STREET ADDRESS **4411 SW 102 PL.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ DELETE

NAME **ROBERTS, MARIA**
STREET ADDRESS **1710 SW 98TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **DIAZ, HORTENSIA**
STREET ADDRESS **6820 SW 14 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☒ DELETE

NAME **HERNANDEZ, ADAIL**
STREET ADDRESS **4110 SW 69TH AVE**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Obes Millan** REV. OBED MILLAN 3/12/98 (305)262-8222

CR2E037 (10/97)