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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003509 (6)**

1. Corporation Name

**PRIMERA IGLESIA BAUTISTA DE ELOISE, INC.**



Principal Place of Business <b>108 1ST ST ELOISE FL 33880-0400 US</b>	Mailing Address <b>P.O. BOX 5026 ELOISE FL 33880-0400 US</b>
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3. Date Incorporated or Qualified <b>07/15/1994</b>	
4. FEI Number <b>59-3258983</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AMARO, HOMERO 510 S FLORAL BARTOUI FL 33830</b>
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10. Name and Address of New Registered Agent 81 Name <b>Sharon Marshall</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>517 AVE E NW</b> 83 84 City <b>WINTER HAVEN</b> FL 85 Zip Code <b>33881</b>
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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 Sharon Marshall 3-2-98  
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	DP <input checked="" type="checkbox"/> DELETE
NAME	<b>BANDA, RAMON</b>
STREET ADDRESS	<b>108 FIRST STREET</b>
CITY-ST-ZIP	<b>ELOISE FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>AMARO, GLORIA</b>
STREET ADDRESS	<b>510 S FLORAL STREET</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	DS <input type="checkbox"/> DELETE
NAME	<b>DADO, ELEVTERIA</b>
STREET ADDRESS	<b>138 2ND STREET</b>
CITY-ST-ZIP	<b>ELOISE FL</b>
TITLE	DV <input type="checkbox"/> DELETE
NAME	<b>YLLARRAZA, ANTONIO</b>
STREET ADDRESS	<b>601 EVERGREEN PLACE SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	<b>BATISTE, GERTRUDIS</b>
STREET ADDRESS	<b>129 RIDGE AVE. S.W.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EFRAIN De La mata</b>
1.3 STREET ADDRESS	<b>108 1st Street</b>
1.4 CITY-ST-ZIP	<b>Eloise, FL. 33880-0400</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Sharon Marshall</b>
5.3 STREET ADDRESS	<b>517 AVE E NW</b>
5.4 CITY-ST-ZIP	<b>Winter Haven FL 33881</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sharon Marshall

CR2E037 (10/97)