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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003509

1. Corporation Name

PRIMERA IGLESIA BAUTISTA DE ELOISE, INC.

Principal Place of Business

108 1ST ST
ELOISE FL 33880-0400
US

Mailing Address

P.O. BOX 5026
ELOISE FL 33880-0400
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARSHALL, SHARON
517 AVE E NW
WINTER HAVEN FL 33881

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3258983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

Sharon Marshall
(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **DE LA MATA, EFRAIN**
CITY-ST-ZIP **108 1ST STREET**
ELOISE FL 33880-0400

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **AMARO, GLORIA**
CITY-ST-ZIP **510 S FLORAL STREET**
BARTOW FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **DADO, ELEVTERIA**
CITY-ST-ZIP **136 2ND STREET**
ELOISE FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **YLLARRAZA, ANTONIO**
CITY-ST-ZIP **601 EVERGREEN PLACE SW**
WINTER HAVEN FL

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MARSHALL, SHARON**
CITY-ST-ZIP **517 AVE E NW**
WINTER HAVEN FL 33881

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Sharon Marshall* **SIGNATURE REQUIRED Sharon Marshall** **3-17-99** **941-299-7875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)