

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004305 (8)**

1. Corporation Name

IGLESIA BAUTISTA HISPANA CORAL GABLES, INC.



Principal Place of Business

Mailing Address

3220 SW 25 STREET
MIAMI FL 33133

3220 SW 25 STREET
MIAMI FL 33133

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0520206

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTANA, F M
3220 SW 25 STREET
MIAMI FL 33133

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROJAS, JUAN
STREET ADDRESS 3220 SW 25 STREET
CITY-ST-ZIP MIAMI FL 33133 DELETE

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME ROJAS, DANIEL J
STREET ADDRESS 3220 SW 25 STREET
CITY-ST-ZIP MIAMI FL 33133 DELETE

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME VALDES, AUTHUR M
STREET ADDRESS 9463 SW 5 LANE
CITY-ST-ZIP MIAMI FL 33374 DELETE

3.1 TITLE Change Addition
3.2 NAME Valdes, Arthur M.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ROJAS, JUAN E
STREET ADDRESS 3220 SW 25 STREET
CITY-ST-ZIP MIAMI FL 33133 DELETE

4.1 TITLE Change Addition
4.2 NAME Rojas, Juan E.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MEDINA, ELIAS E
STREET ADDRESS 1700 NE 159 STREET
CITY-ST-ZIP N MIAMI FL 33162 DELETE

5.1 TITLE Change Addition
5.2 NAME Medina, Elias Jr.
5.3 STREET ADDRESS 1700 NE 159 Street
5.4 CITY-ST-ZIP N M Bch, FL 33162

TITLE S
NAME VALDES, ZAIDA R
STREET ADDRESS 9463 SW 5TH LANE
CITY-ST-ZIP MIAMI FL DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

Date

305-271-5600

Daytime Phone #

CR2E037 (12/95)