

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

0004720

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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**

4. FEI Number

**65-0520206**

Applied For

Not Applicable

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

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTANA, F M**  
**13701 SW 84TH ST**  
**UNT G**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE  DELETE  
 NAME **VD ROJAS, DANIEL J**  
 STREET ADDRESS **17800 SW 152ND AVE**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE  DELETE  
 NAME **D VALDES, ARTHUR M.**  
 STREET ADDRESS **9463 SW 5 LANE**  
 CITY-ST-ZIP **MIAMI FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **15421 SW 177 Terrace**  
 3.4 CITY-ST-ZIP **Miami, FL 33187**

TITLE  DELETE  
 NAME **TD ROJAS, JUAN E.**  
 STREET ADDRESS **3220 SW 25 STREET**  
 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D MEDINA, ELIAS JR.**  
 STREET ADDRESS **1700 NE 159 STREET**  
 CITY-ST-ZIP **N MIAMI BCH FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS **15421 SW 177 Terrace**  
 6.4 CITY-ST-ZIP **Miami, FL 33187**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Valdes* **7/26/98** **305-271-5600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)