

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 # N94000005670 (4)

1. Corporation Name

PRIMERA IGLESIA BAUTISTA EBENEZER, INC.



Principal Place of Business

Mailing Address

5200 OLD CHENEY HWY DR.
ORLANDO FL 32807
US

5200 OLD CHENEY HSY
ORLANDO FL 32807
US

3. Date Incorporated or Qualified

11/16/1994

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **5200 OLD CHENEY HWY DR**

26 **5200 OLD CHENEY HWY DR**

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ORLANDO FL**

27 **ORLANDO FL**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 **32807**

28 **ORLANDO**

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32807**

25 **US**

29 **32807**

30 **US**

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

**BERMUDEZ, GUSTAVO REV
5200 OLD CHENEY HWY DR
ORLANDO, FL 32807**

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 then if applicable

NOTE: Registered Agent's signature required when re-stating

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERMUDEZ, GUSTAVO REV	
STREET ADDRESS	5200 OLD CHENEY HWY DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORENZO, ROBERTO	
STREET ADDRESS	1902 DIXIE BELLE DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, MARIO	
STREET ADDRESS	616 MERCADO AVE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANCEL, MILTON	
STREET ADDRESS	519 SOUTHERN CHARM DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	IDARMI DIAZ	
13 STREET ADDRESS	4906 HAINES CIR.	
14 CITY-ST-ZIP	ORLANDO, FL 32822	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: *Gustavo Bermudez Rev.* **GUSTAVO BERMUDEZ** **2-28-96** **782-4430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-27-1996