

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90031 006 \*\*\*\*61.25

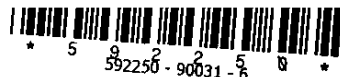
DOCUMENT # N94000005670

1. Corporation Name

PRIMERA IGLESIA BAUTISTA EBENEZER, INC.

Principal Place of Business  
5200 OLD CHENEY HWY DR.  
ORLANDO FL 32807  
US

Mailing Address  
5200 OLD CHENEY HSY  
ORLANDO FL 32807  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/16/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3372144

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, DAVID  
5618 CURRY FORD RD  
APT 19  
ORLANDO FL 32822

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BERMUDEZ, GUSTAVO REV  
STREET ADDRESS 5200 OLD CHENEY HWY DR  
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☐ DELETE  
NAME LORENZO, ROBERTO  
STREET ADDRESS 1902 DIXIE BELLE DR  
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE T ☒ DELETE  
NAME PEREZ, DAVID  
STREET ADDRESS 5618 CURRY FORD RD  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE T. ESPRAS TOIRAC ☐ Change ☒ Addition  
3.2 NAME 616 MERCADO AVE  
3.3 STREET ADDRESS ORLANDO, FL. 32807  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CANCEL, MILTON  
STREET ADDRESS 519 SOUTHERN CHARM DR  
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE S ☒ DELETE  
NAME DIAZ, IDARMI  
STREET ADDRESS 4906 HAINES CIR.  
CITY-ST-ZIP ORLANDO FL 32822

5.1 TITLE S ☒ Change ☒ Addition  
5.2 NAME ELIZABETH HERNANDEZ  
5.3 STREET ADDRESS 616 MERCADO AVE  
5.4 CITY-ST-ZIP ORLANDO, FL. 32807

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

Rev. Gustavo Bermudez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/1999

Date

407-282-4930

Daytime Phone #

CR2E037 (5/99)

0001480