## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N95000001853 (9)

IGLESIA BIBLICA BUENAS NUEVAS, INC.

102201	,, 51521071 55271115 145247	10) H10.			
Principal Place	e of Business	Mailing Address		4 100:0000 000 10000 8000 4000 10010	88111 BB111 88181 15881 1888 81168 1111 1881
3615 GULL RD. PALM BEACH GARDENS FL 33410		3615 GULL RD. PALM BEACH GARDENS FL 33410			
				3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report イのルモ
2. Principal P 21	lace of Business	2a. Mailing Address		4. FEI Number 65-0579522	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for	ntangible tax under s. 199.032,
24	9. Name and Address of Curre		30	Florida Statutes L  10. Name and Address of New R	Yes No
	7.33.33.33.33.33.33.33.33.33.33.33.33.33	S c. Saur	81 Name	1 (4)	Sieraran wilain
VANRYN	, WILLIAM E			NOUE (SAME) adress (P.O. Box Number is Not Acceptab	(-)
3615 GULL RD.			82 Street Ad	daress (P.O. Box Number is Not Acceptab	I <del>O</del> )
PALM BI	EACH GARDENS FL 33410		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statuti	es, the above-named corp	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing its registered office
familiar wi	ith, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	ed by the corporation's bo	pard of directors. I hereby accept the appo	ointment as registered agent. I am
SIGNATURE	Sightfule, typed of printed name of legistered agen	Land title if applicable. (NC	LIAM T VAN 1 TE: Registered Agent signature requ	KYN DECRETARY  ulred when reinstating)	DATE DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	-	Change _ Addition
NAME	TAYLOR, IAN'S		1.2 NAME	· •	, and the second
STREET ADDRESS	4335 HICKORY OR.	20440	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL :		1.4 CITY-ST-ZIP		
TITLE NAME	RAMOS, VICTOR	DELETE	2.1 TITLE	Platos Vieto a	Change  Addition
· ·	110 SOUTH "E" ST.		2.2 NAME	RAMOS, VICTOR	
STREET ADDRESS	LAKE WORTH FL 33460		I 11	H3 5. "0" ST FI	33460
CHTY-ST-ZIP TITLE	SD SD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	AKE WORTH I'L	Change Addition
NAME	VANRYN, WILLIAM E	Пресен	3.2 NAME		Change LI Addition
STREET ADDRESS	3615 GULL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	34. CITY-ST-ZIP		
TITLE	TD	<b>⊠</b> DELETE	A 1 TITLE	TD 01	Change Addition
NAME	Andreas, Ruben	,	4. 2 NAME	LUCAS (°ESAR	
STREET ADDRESS	1001 SOUTH "K" ST., #3		4.3 STREET ADDRESS	LICAS CÉSAR 1900 CLUCK ROAD AKE WORTH FL <b>3</b>	
CITY-ST-ZIP	LAKE WORTH FL 33460		4.4 CITY-ST-ZIP	AKE WORTH FL 3	\$ <b>4</b> 60
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 12 or Block 13 or Day 15 or Day 16 or Day 16 or Day 16 or Day 16 or Day 17 or Day 18 or

SIGNATURE:

PRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Se APRILI9(

(407)6266227