1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500001853

IGLESIA BIBLICA BUENAS NUEVAS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

3615 GULL RD. PALM BEACH GARDENS FL 33410 3615 GULL RD.

PALM BEACH GARDENS FL 33410

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90092 007 ****61.25

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3. Date incorporated or Qualifed

2. Principal Pl	al Place of Business 2a. Mailing Address				3. Date incorporated or Qualifed				
21		26			04/14/1995				
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.							lied For	
22		27			65-057952	2	Not	Applicable	
City & State	e	City & State			5. Certifcate of S	tatus Desired	\$8.75 A		
23		28			J. Certificate of S	ratus pesiled	Fee Rec	uired	
Zip	Country Zip Coun		Country		6. Election Camp	\$5.00	May Be		
24	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current	Registered Agent			10. Name and Ad	dress of New Registered	Agent		
		· · · · · ·	81	Name					
WARDUR SMILIAN E			99	20 Other Address (D.O. Bay Number in Not Accordable)					
VANRYN, WILLIAM E			02	82 Street Address (P.O. Box Number is Not Acceptable)					
3615 GULL RD.			83						
PALM BEA	ACH GARDENS FL 33410		L						
			84	City		FL	85 Zip C	ode	
44 =		1047 4500 51-11-10-01-1	4b b		moration submits this s		f changing its t	registered	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the state of m familiar with and accept the obligan	and 617.1508, Florida Statutes, I Florida. Such change was autho	the above	the corporat	tion's board of directors	s. I hereby accept the appo	intment as reg	istered	
agent. I a	m familiar with and accept the obligati	ons of, Section 617.0503, Florida	Statutes	· 👝 ' 1	/N.D.	7//2	190		
SIGNATURE	~ [The WIL	MAM	0 に 1	イナン とま	016/0	17		
	Signatural typed or punted name of registered agent			t signature requi	ired when reinstating)	IANGES TO OFFICERS A	NO DIRECTOR	2S IN 12	
12.	OFFICERS AND		13.	 	ADDITIONS/CF	IANGES TO OFFICERS A	Change	Addition	
TITLE	PD /	☐ DELETÉ	1.1 TITLE				Change		
NAME	TAYLOR, IAN S	1.2 N		_	400	4-0			
STREET ADDRESS	s 4335 HICKORY DR.		1.3 STREET	ADDRESS 5	3140 9041	PIKEE!			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		1.4 CITY-ST	r-zip K	EMOSHA /	NI 53142			
TITLE	VD	☐ DELETÉ	2.1 TITLE			*	☐ Change	☐ Addition	
NAME	RAMOS, VICTOR		2.2 NAME						
STREET ADDRESS	919 N "F" ST		2.3 STREET	ADDRESS			/		
CITY-ST-ZIP	LAKE WORTH FL 33460		2. 4 CITY-S	T-ZIP					
TITLE			3.1 TITLE			,	☐ Change	☐ Addition	
NAME	VANRYN, WILLIAM E		3.2 NAME				,		
STREET ADDRESS	3615 GULL RD.		3.3 STREET	ADDRESS		p.			
j	PALM BEACH GARDENS FL 334	110	3.4. CITY-S	1			٠,		
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
	·-		4. 2 NAME						
NAME	LUCAS, CESAR		4.3 STREET	ADDRESS			• •	ĺ	
STREET ADDRESS	4900 CLOCK RD								
CITY-ST-ZIP	LAKE WORTH FL	☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-414			Change	Addition	
TITLE		□ officie	5.1 HILE 5.2 NAME						
NAME			5.3 STREET	ADDOCCO					
STREET ADDRESS							•	-	
CITY-ST-ZIP			5.4 CITY-S	I-ZIP			· [] (5	[Addition	
TITLE		☐ DELETE	6.1 TITLE				Change	Addition A	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS		•			
CITY-ST-ZIP			6.4 CITY-S	T-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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of or an attachment with an address, with all other like empowered.

SIGNATURE:

561.626.6227