

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 # **N95000002442 (0)**

1. Corporation Name
IGLESIA BAUTISTA DE SUNRISE, INC.



Principal Place of Business: **6401 SUNSET STRIP, SUNRISE FL 33313**
Mailing Address: **P.O. BOX 15964, PLANTATION FL 33318**

3. Date Incorporated or Qualified: **05/22/1995**
3a. Date of Last Report: **4-15-95**

2. Principal Place of Business
21 **6401 SUNSET STRIP**
22 Suite, Apt. #, etc.
23 **SUNRISE Florida**
24 **33313**
25 **BROWARD**
2a. Mailing Address
26 **10954 N.W 30 PL:**
27 Suite, Apt. #, etc.
28 **SUNRISE Florida**
29 **33322**
30 **BROWARD**

4. FEI Number: **65-0580283**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ACEVEDO, MANUEL
6401 SUNSET STRIP
SUNRISE FL 33313**

10. Name and Address of New Registered Agent
81 Name: **Mrs. MARIA S. BUTLER**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **3905 NOB HILL Rd. #302**
84 City: **SUNRISE** FL 85 Zip Code: **33351**

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: **MARIA S. BUTLER** *Manuel Acevedo - Sec/Board of Director* DATE: **6-21-96**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | S/B OF D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | MARIA S. BUTLER |
| 13 STREET ADDRESS | 3905 NOB HILL Rd. #302 |
| 14 CITY - ST - ZIP | SUNRISE Florida 33351 |
| 21 TITLE | S/B OF D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | JUAN ROBAYO |
| 23 STREET ADDRESS | 4840 N.W. 8th TERRACE |
| 24 CITY - ST - ZIP | PLANTATION Florida 33317 |
| 31 TITLE | S/B OF D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | RALPH NUÑEZ |
| 33 STREET ADDRESS | 1600 NE 3RD AVE #3-A |
| 34 CITY - ST - ZIP | FORT LAUDERDALE Florida 33305 |
| 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 | |

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: **Maria S. Butler = S/B of D.** DATE: **6-21-96** TELEPHONE: **954-578-8761**

CR2E037 (12/95)