


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N 95000002442(0)
 1. Corporation Name
Iglesia Bautista De Sunrise, Inc.

Principal Place of Business 6401 Sunset Strip Sunrise, Fl. 33313	Mailing Address 6401 Sunset Strip Sunrise, Fl., 33313
--	---

3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 06/21/1996
4. FEI Number 65-0580283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6401 Sunset Strip Suite, Apt. #, etc.	2a. Mailing Address 26 6401 Sunset Strip Suite, Apt. #, etc.
22 City & State Sunrise, Florida	27 City & State Sunrise, Florida
23 Zip 33313	28 Country Broward
24 Zip 33313	29 Country Broward

9. Name and Address of Current Registered Agent

Maria S. Butler
3905 Nob Hill, Rd. # 302
Sunrise, Florida 33351

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 = Pres.* **MARIA S. BUTLER = PRESIDENT** **04/24/1997**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	tr
STREET ADDRESS	Juan Robayo
CITY-ST-ZIP	4840 N.W. 8th Terrace Plantation, Fl. 33317
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Ralph Nunez
STREET ADDRESS	Fort Lauderdale Fl. 33305
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S/c (P)
1.3 STREET ADDRESS	Maria S. Butler
1.4 CITY-ST-ZIP	3905 Nob Hill Rd.#302 Sunrise, Florida, 33351
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	c/m (D)
2.3 STREET ADDRESS	Petra Rios
2.4 CITY-ST-ZIP	1100 SW 13 Court N Fort Lauderdale, Fl. 33313
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	c/m (D)
3.3 STREET ADDRESS	Sonia Mora
3.4 CITY-ST-ZIP	10954 N. W 30 Place Sunrise, Fl., 33322
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	(D)
4.3 STREET ADDRESS	Manuel Acevedo
4.4 CITY-ST-ZIP	9440 N.W 33rd Manor Sunrise, Fl. 33351
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	(D)
5.3 STREET ADDRESS	Victor Herrera
5.4 CITY-ST-ZIP	9515 N.W. 42 St. Sunrise, Fl. 33351
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	10000221532
6.3 STREET ADDRESS	-06/18/97--01008--023
6.4 CITY-ST-ZIP	***\$61.25

14. I do 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.

SIGNATURE: *Maria S. Butler* **Maria S. Butler 4/23/1997 (955) 572-8761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)