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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002442 (0)
1. Corporation Name
IGLESIA BAUTISTA DE SUNRISE, INC.



Principal Place of Business Mailing Address
6401 SUNSET STRIP SUNRISE FL 33313
6401 SUNSET STRIP SUNRISE FL 33313

3. Date Incorporated or Qualified
05/22/1995

4. FEI Number
56-0580283

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
BUTLER, MARIA S
3905 NOB HILL RD. #302
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name MANUEL ACEVEDO

82 Street Address (P.O. Box Number is Not Acceptable)
9440 NW 33rd MANOR

83

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 *Manuel Acevedo* DATE 1/25/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SCP <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	BUTLER, MARIA S	1.2 NAME
STREET ADDRESS	3905 NOB HILL RD. #302	1.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP
TITLE	CM <input type="checkbox"/> DELETE	2.1 TITLE
NAME	RIOS, PETRA	2.2 NAME
STREET ADDRESS	8100 SW 13 CORT N	2.3 STREET ADDRESS
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	2.4 CITY-ST-ZIP
TITLE	CMD <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	MORA, SONIA	3.2 NAME
STREET ADDRESS	10954 N.W. 30 PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33322	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE
NAME	ACEVEDO, MANUEL	4.2 NAME
STREET ADDRESS	9440 N.W. 33RD MANOR	4.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33351	4.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	HERRERA, VICTOR	5.2 NAME
STREET ADDRESS	9515 N.W. 42 ST.	5.3 STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33351	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	TR. / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ACEVEDO, JUANITA	
1.3 STREET ADDRESS	9440 NW 33 MANOR	
1.4 CITY-ST-ZIP	SUNRISE, FL 33351	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIOS, PETRA	
2.3 STREET ADDRESS	8100 SW 13 COURT	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VAZQUEZ, MARIA CRISTINA	
3.3 STREET ADDRESS	9561 NW 33 MANOR	
3.4 CITY-ST-ZIP	SUNRISE, FL 33351	
4.1 TITLE	PRESIDENT, TREASURER, TR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ACEVEDO, MANUEL	
4.3 STREET ADDRESS	9440 NW 33rd MANOR	
4.4 CITY-ST-ZIP	SUNRISE FL 33351	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Manuel Acevedo* DATE 1/25/98 (954) 741-4008

CR2E037 (10/97)