

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 # N95000003478 (3)

1. Corporation Name

**COMPANERISMO NACIONAL DE IGLESIAS BAUTISTAS HISP
ANAS, SBC, INC.**



Principal Place of Business

Mailing Address

**525 E. CHURCH STREET
ORLANDO FL 32801**

**525 E. CHURCH STREET
ORLANDO FL 32801**

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4630 S. Fairway Dr

26 Same

4. FEI Number

05-0607345

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Punta Gorda

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23 FL

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

24 33982

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE ARMAS, RAFAEL ESQUIRE
525 E. CHURCH STREET
ORLANDO FL 32801**

81 Name

Rafael de Armas, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

4630 S. Fairway Dr

83

Punta Gorda FL

84 City

FL

85 Zip Code

33982

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

[Signature]

Signature, typed or printed name of registered agent and State of residence

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
CRUZ, ROBERTO
STREET ADDRESS
8101 PAMUNCO STREET
CITY - ST - ZIP
ORLANDO FL 32817-1507**

TITLE ☐ DELETE

**D
NAME
AMALBERT, RAFAEL M
STREET ADDRESS
1152 SYLVAN BOND CIR
CITY - ST - ZIP
ORLANDO FL 32822-5739**

TITLE ☐ DELETE

**D
NAME
LEON, ANTONIO E
STREET ADDRESS
3402 S GOLDENROD ROAD
CITY - ST - ZIP
ORLANDO FL 32822-5739**

TITLE ☐ DELETE

**D
NAME
SOTO, ARMANDO A
STREET ADDRESS
606 N. DELMONTE CT
CITY - ST - ZIP
KISSIMMEE FL 32758**

TITLE ☐ DELETE

**D
NAME
DE PARIS, ANTONIO L
STREET ADDRESS
228 SORRENTO CIRCLE
CITY - ST - ZIP
WINTER PARK FL 32792-1145**

TITLE ☐ DELETE

**D
NAME
BERMUDEZ, GUSTAVO
STREET ADDRESS
527 SOUTHERN CHARM DRIVE
CITY - ST - ZIP
ORLANDO FL 32807**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/96 941-637-0874
Daytime Phone #

CR2E037 (12/95)