## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004017 (8)  IGLESIA BAUTISTA CAPERNAUN INC.								
Principal Place of Business Mailing Address						<b>        </b>	<b>                                     </b>	#11 ( <b>44</b> ) ( <b>58</b> )
5637 SW 40TH ST 5637 SW 40TH ST HOLLTWOOD FL 33023								
HOLLYWOOD FO	L 33023	HOLLINOOD PL 33023			3. Date incorporated or Qualified 08/21/1995	3a. Date	e of Last Re	sport
	(Parisana)	2a. Mailing Address			4. FEI Number 65-06238	-11.	_ <del> </del>	plied For
Principal Place of Business		26		65-06238	19		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A		
gate, yet y, oto		27				\$5.00		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		DebbA	
3		28 Zip	Cour	ntry	8. This corporation has liability for	intangible ta	cunder s. 1	99.032,
Zip	Country	29 29	30		È Florida Statutes	L. Yes L.	No	
4	25 9. Name and Address of Curre		T		10. Name and Address of New	Registered /	gent	
, MARQUEZ, REV. JOSUE 5637 SW 40TH ST HOLLYWOOD FL 33023				<ul><li>81 Name</li><li>82 Street Add</li><li>83</li></ul>	ress (P.O. Box Number is Not Accepta	ble)		
HOLLYWOOD PL 33023  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to the change was authorized to the change was a change was all the change was all the change was a change which was all the change was a change which was a ch			Į.	84 City		FL	1-1	Code
	ad agent, or both, in the State of Floin, and accept the obligations of, Sec Signature, typed or printed name of registered age	of and title if applicable (NO	TE: Registered	Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO O	DATE FFICERS AND	DIRECTOR	RS IN 12
12.		ND DIRECTORS	13. 1.1 Ti	TI E	, the territory and the second		Change	Addition
TITLE	D	Morrer	1.2 N					
NAME	MARQUEZ, JOSUE 5637 SW 40TH ST			TREET ADDRESS				
STREET ADDRESS	HOLLYWOOD FL 33023			ITY - ST - ZIP				- 12495a-
CITY-ST-ZIP	D HOLLTWOOD FL 33023	DELETE	211				Change	Addition
TITLE	MARQUEZ, JUANA A		2.2 N	IAME				
NAME STREET ADDRESS	5637 SW 40TH ST		2.3 5	TREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33023			CITY-SI-ZIP			Change	Addition
TITLE	D	DELETE	3.1 T	ì				
NAME	PARRA, ROMILIO			AME				
STREET ADDRESS	5750 SW 4TH ST			STREET ADDRESS	400001	an teach	) [	
CITY-ST-ZIP	MIAMI FL 33134	DELETE		CITY-ST-2IP TITLE	4 DOOG 1 	) [     4     -	Change	Addition
TITLE		Finerese		NAME	***B1.25		. 20	
NAME				STREET ADDRESS				
STREET ADDRESS			1	CITY-ST-ZIP				
CITY-ST-ZIP		DELETE		TITLE			☐ Change	Addition
TITLE			1	NAME				
NAME	1			STREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP			Chases	Addition
CITY-ST-ZIP		DELETE		TITLE	<del></del>		Change	Addition
TITLE		_	6.2	NAME				

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 orderector 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

EP NAME OF SIGNING OFFICER OR DIRECTOR