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FILED

Apr 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. M**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N95000004017 (8)**

1. Corporation Name

**IGLESIA BAUTISTA CAPERNAUN INC.**

Principal Place of Business

Mailing Address

**5637 SW 40TH ST  
HOLLYWOOD FL 33023****5637 SW 40TH ST  
HOLLYWOOD FL 33023-6123**3. Date Incorporated or Qualified  
**08/21/1995**3a. Date of Last Report  
**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

**21 515 SW 12th AVE****26 5637 SW 40th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 503****27**

City &amp; State

City &amp; State

**23 MIAMI, FL****28 HOLLYWOOD FLORIDA**

Zip

Country

Zip

Country

**24 33130****25 DADE****29 33023-6123****30 BREWARD**4. FEI Number  
**65-0623516**Applied For  
Not Applicable5. 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

10. Name and Address of New Registered Agent

**MARQUEZ, REV. JOSUE  
5637 SW 40TH ST  
HOLLYWOOD FL 33023**

81 Name

**SAME**

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

83

84 City

**FL**

85 Zip Code

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARQUEZ, JOSUE</b>	
STREET ADDRESS	<b>5637 SW 40TH ST</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33023</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARQUEZ, JUANA A</b>	
STREET ADDRESS	<b>5637 SW 40TH ST</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33023</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARRA, ROMILIO</b>	
STREET ADDRESS	<b>5750 SW 4TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL 33134</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0023565

CR2E037 (9/96)