2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N95000004017

1. Entity Name
IGLESIA BAUTISTA CAPERNAUN INC.

Principal Place of Business	Mailing Address
199 SW 12 AVE., SUITE #4	199 SW 12 AVE., SUITE #4
MIAMI, FL 33130 US	MIAMI, FL 33130 US

DO NOT WRITE IN THIS SPACE

03162005   No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-0623516	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEYVA, WILMER
2175 W 52 STREET
APT 114
HIALEAH, FL 33016

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Wilmer Leyva. Wilmer Leyva (Pastor)_

Signature, typed or printed name of registered agent and title if applicable
(NOTE. Registered Agent signature required when reinstating)

DATE _03/23/005_

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	LEYVA, WILMER
STREET ADDRESS	2175 W 52 ST APT 114
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	SDT
NAME	LEYVA, DENIA M
STREET ADDRESS	2175 W 52 ST APT 114
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	DTT
NAME	PEREZ, MARIO
STREET ADDRESS	159 EAST 8 ST., APT 1
CITY-ST-ZIP	HIALEAH, FL 33010

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000282309
03/31/05-80036-011 8.75

U00000282309
03/31/05-80036-012 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Wilmer Leyva   Wilmer Leyva_   _3/23/05_ (305) 623 0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #