

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 # N95000004666 (2)

1. Corporation Name

HIAWASSEE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

PO BOX 680510
ORLANDO FL 32868-0510

PO BOX 680510
ORLANDO FL 32868-0510



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

09/28/1995

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. 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

10. Name and Address of New Registered Agent

TORRES, EMIGDIA
4805 CEDAR VIEW RD.
ORLANDO FL 32808-6311

81 Name RAMON VILLANUEVA

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

1729 N. HIAWASSEE ROAD

83 City

ORLANDO

FL

85 Zip Code
32818

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

Ramon Villanueva

Ramon Villanueva

3-28-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SOTO, ANGELO
STREET ADDRESS 5365 CINDERLANE PKWY., APT. 339
CITY-ST-ZIP ORLANDO FL 32808

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700001864237
-06/17/96--01067--000 022
***61.25

TITLE V
NAME MASSANET, GREGORIA
STREET ADDRESS 2512 DOVE TAIL DR.
CITY-ST-ZIP OCOCHEE FL 34761

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME TORRES, EMIGDIA
STREET ADDRESS 4805 CEDAR VIEW RD.
CITY-ST-ZIP ORLANDO FL 32808-6311

3.1 TITLE S
3.2 NAME ROIG, HAYDEE
3.3 STREET ADDRESS 2512 DOVETAIL DRIVE
3.4 CITY-ST-ZIP OCOCHEE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TRUSTEE
4.2 NAME REV. MODESTO D. LOPEZ
4.3 STREET ADDRESS 5335 HACKAMORE RD.
4.4 CITY-ST-ZIP APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE TRUSTEE
5.2 NAME GENARA GAMEZ
5.3 STREET ADDRESS 1729 N. HIAWASSEE RD.
5.4 CITY-ST-ZIP ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TRUSTEE
6.2 NAME JULIA M. MUJICA
6.3 STREET ADDRESS 7840 ANTIBES CT.
6.4 CITY-ST-ZIP ORLANDO, FL 32825

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:

Angelo Soto

ANGELO SOTO

6/23/96 (407) 292-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)