

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 # **N95000004812 (2)**

1. Corporation Name
IGLESIA BAUTISTA DEJESUCRISTO, INC.



Principal Place of Business: **214 NORTH 2ND STREET IMMOKALEE FL 33934**
Mailing Address: **214 NORTH 2ND STREET IMMOKALEE FL 33934**

3. Date Incorporated or Qualified: **10/06/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **P.O. Box 82**
27 Suite, Apt. #, etc.
28 **Immokalee FL**
29 Zip
30 **Collier**

4. FEI Number 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

9. Name and Address of Current Registered Agent
ZURITA, DARIO, REV
214 NORTH 2ND STREET
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZURITA, DARIO REV	
STREET ADDRESS	POST OFFICE BOX 82	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERPAS, FRANCISCO	
STREET ADDRESS	1711 ADAMS AVENUE	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AVALOS, RITA	
STREET ADDRESS	1507 8TH AVENUE	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRERA, BELINDA	
STREET ADDRESS	1418 UTE AVENUE	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200001767508
6.3 STREET ADDRESS	-04/03/96--01014--010
6.4 CITY-ST-ZIP	***61.25

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: *Belinda Herrera* **Belinda Herrera** **2/5/96** **(941)675-2496**

CR2E037 (12/95)