

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004812 (2)
1. Corporation Name
IGLESIA BAUTISTA DEJESUCRISTO, INC.



Principal Place of Business 214 N 2ND ST IMMOKALEE FL 33934 US	Mailing Address P.O. BOX 82 IMMOKALEE FL 33934
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3. Date Incorporated or Qualified 10/06/1995	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0642674		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZURITA, DARIO REV		1.2 NAME Zurita, Dario Rev	
STREET ADDRESS POST OFFICE BOX 82 N/A		1.3 STREET ADDRESS 223 N. 4th St	
CITY-ST-ZIP IMMOKALEE FL 33934		1.4 CITY-ST-ZIP Immokalee FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERPAS, FRANCISCO		2.2 NAME Serpas, Francisco	
STREET ADDRESS 1711 ADAMS AVENUE		2.3 STREET ADDRESS 711 Palm Ave.	
CITY-ST-ZIP IMMOKALEE FL 33934		2.4 CITY-ST-ZIP Immokalee FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AVALOS, RITA		3.2 NAME	
STREET ADDRESS 1507 8TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP IMMOKALEE FL 33934		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERRERA, BELINDA		4.2 NAME Herrera, Belinda	
STREET ADDRESS 1418 UTE AVENUE		4.3 STREET ADDRESS 495 DAVIS Street	
CITY-ST-ZIP LABELLE FL 33935		4.4 CITY-ST-ZIP La Belle FL 33935	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* 1/26/98

CR2E037 (10/97)