

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 # N95000005349 (4)

1. Corporation Name

IGLESIA BAUTISTA INTERNACIONAL DE KISSIMMEE INC.



Principal Place of Business

1990 NEPTUNE ROAD
KISSIMMEE FL 34744

Mailing Address

1990 NEPTUNE ROAD
KISSIMMEE FL 34744

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 1990 Neptune Road

Suite, Apt. #, etc.

22 St. Cloud Kiss. Fl.

City & State

23 St. Cloud Kiss. Fl.

Zip

24 34744

Country

2a. Mailing Address

26 4743 Mesa Verde Dr.

Suite, Apt. #, etc.

27 St. Cloud,

City & State

28 Florida

Zip

29 34769

Country

30

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

10. Name and Address of New Registered Agent

REYES, OMAR REV.
4743 MESA VEIDE DRIVE
ST. CLOUD FL 34769

81 Name

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

TITLE ☒ President ☐ DELETE

NAME Rev. Omar Reyes

STREET ADDRESS 4743 Mesa Verde Dr.

CITY-ST-ZIP St. Cloud, Fl. 34769

TITLE ☒ Treasurer ☐ DELETE

NAME Susan Cabrera

STREET ADDRESS 2975 Hickory Tree Rd.

CITY-ST-ZIP St. Cloud Fl. 34772

TITLE ☒ Clerk ☐ DELETE

NAME Maria del Valle

STREET ADDRESS 2957 Falling Tree Cr

CITY-ST-ZIP Orlando, Fl. 32837

TITLE ☒ ☐ DELETE

NAME Ramon Perez

STREET ADDRESS 18 Universal Dr.

CITY-ST-ZIP Kiss. Fl. 34746

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)