

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90037 010 ****61.25

DOCUMENT # N95000005914

1. Corporation Name

LA IGLESIA BAUTISTA GRACE, INC.

Principal Place of Business

19505 SW 117TH CT
MIAMI FL 33177

Mailing Address

19505 SW 117TH CT
MIAMI FL 33177



2. Principal Place of Business

21 19505 S.W. 117ct.

Suite, Apt. #, etc.

22

City & State

23 MIA. FL.

Zip

24 33177

Country

25 DADE

9. Name and Address of Current Registered Agent

CROWE, FRED H JR
19505 SW 117TH CT
MIAMI FL 33177

2a. Mailing Address

26 19505 S.W. 117ct.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33177

Country

30 DADE

3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

65-0512044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

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

Fred H. Crowe Jr. Fred H. CROWE JR.

4-2-99

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 DP ☐ DELETE

NAME CROWE, FRED H JR
STREET ADDRESS 19505 SW 117TH CT
CITY-ST-ZIP MIAMI FL 33177

TITLE DV ☐ DELETE

NAME GIRALDEZ, TOMAS
STREET ADDRESS 14520 SW 288TH ST
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE DS ☐ DELETE

NAME ROJAS, VICTOR R
STREET ADDRESS 7595 SW 152 AVE #H406
CITY-ST-ZIP MIAMI FL 33193

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 Co-PASTOR-Vice Pres. ☐ Change ☒ Addition

1.2 NAME LAZARO Vega
1.3 STREET ADDRESS 1066 S.W. 13 AVE
1.4 CITY-ST-ZIP HOMESTEAD FL 33035

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

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, with all other like empowered.

SIGNATURE:

Fred H. Crowe Jr. Fred H. CROWE JR. 4-2-99 305-235-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)

0034719