


FILE NOW: FILING FEE IS \$61.25

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Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90001 016 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003120					
1. Corporation Name PRIMERA IGLESIA BAUTISTA HISPANA DE PALM COAST, INC.					
Principal Place of Business 301 PALM COAST PARKWAY PALM COAST FL 32137			Mailing Address POST OFFICE BOX 353067 PALM COAST FL 32135		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/10/1996 4. FEI Number 59-3392425 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	
9. Name and Address of Current Registered Agent VARGAS, FRANCISCO REV 11 WEDGE LANE PALM COAST FL 32164				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. VARGAS, FRANCISCO REV	1.1 TITLE	
NAME	11 WEDGE LANE	1.2 NAME	
STREET ADDRESS	PALM COAST FL 32164	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR	2.1 TITLE	
NAME	MALDONADO, CARLOS	2.2 NAME	
STREET ADDRESS	63 PERROTTI LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	2.4 CITY-ST-ZIP	
TITLE	TR/S	3.1 TITLE	
NAME	ROSADO, NILDA	3.2 NAME	
STREET ADDRESS	130 PUTTER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002830

0002830

CR2F037 (11/98)