

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90024 023 ****61.25

DOCUMENT # N96000004437

1. Corporation Name

PRIMERA IGLESIA BAUTISTA HISPANA DE HOLLYWOOD IN C.

Principal Place of Business

1701 S. MONROE ST.
HOLLYWOOD FL 33020

Mailing Address

1701 S. MONROE ST.
HOLLYWOOD FL 33020

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

65-0693215

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

DIAZ, FIDEL
1720 CLEVELAND ST., APT 212-E
HOLLYWOOD FL 33020

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

TITLE P. **D** ☐ DELETE
NAME **DIAZ, FIDEL**
STREET ADDRESS **1720 CLEVELAND ST., APT 212E**
CITY-ST-ZIP **HOLLYWOOD FL**TITLE **D** ☒ DELETE
NAME **GUTIERREZ, JOSE**
STREET ADDRESS **2135 PLUNKET CT**
CITY-ST-ZIP **HOLLYWOOD FL 33020**TITLE **D** ☒ DELETE
NAME **GUERRA, MARGARITA**
STREET ADDRESS **1720 CLEVELAND ST., APT 105W**
CITY-ST-ZIP **HOLLYWOOD FL**TITLE **T** ☒ DELETE
NAME **THEN, LORENZO**
STREET ADDRESS **402 24TH AVE JACKSON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**TITLE **T** ☒ DELETE
NAME **GIGLIO, JOSEFINA**
STREET ADDRESS **1715 N 16TH AVE APT 205**
CITY-ST-ZIP **HOLLYWOOD FL 33020**TITLE **T** ☐ DELETE
NAME **AGUILAR, JOSE A**
STREET ADDRESS **28 MARION RD**
CITY-ST-ZIP **HOLLYWOOD FL**

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-ZIP2.1 TITLE **V.** ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **RONCERIA GREGORIO**
2.4 CITY-ST-ZIP **1720 CLEVELAND ST. APT.203-W**
HOLLYWOOD FL. 330203.1 TITLE **S.** ☐ Change ☒ Addition
3.2 NAME **ANANDA FLORES**
3.3 STREET ADDRESS **FLORES ANANDA**
3.4 CITY-ST-ZIP **1720 CLEVELAND ST. APT.203-W**
HOLLYWOOD FL. 330204.1 TITLE **T.** ☐ Change ☐ Addition
4.2 NAME **GIGLIO JOSEFINA**
4.3 STREET ADDRESS **1715 N.16 AVE. APT. 205**
4.4 CITY-ST-ZIP **HOLLYWOOD, FL. 33020**5.1 TITLE **T.** ☐ Change ☒ Addition
5.2 NAME **DIAZ ENRIQUEZ**
5.3 STREET ADDRESS **2023 TAYLOR ST.**
5.4 CITY-ST-ZIP **HOLLYWOOD FL.33020**6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **AGUILAR JOSE A.**
6.3 STREET ADDRESS **10001A ECHARBOR DR. APT.M.9**
6.4 CITY-ST-ZIP **BAYHARBOR FL. 33154**

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)