FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ⁴ ANNUAL REPORT

1997



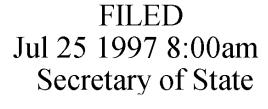
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortiam

Secretary ASIA

N96000004957 (4) DOCUMENT

LAS PALMAS BAPTIST CHURCH, INC.



I ABUH BUH BUH BAK B	[]	

Principal Plac	e of Business	M	ailing Address							
12800 TAFT STREET 9015 N.W. 10TH STREET PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-4618			024-4618							
							3. Date incorporated or Qualifi 09/23/1996	ed 3a . D	ate of Last	Report
2. Principal P	lace of Business	26.	Mailing Address	0.40	0.00)	4. FEI Number			Applied For
21	4 .1.	26				65-061562	<u> </u>		ot Applicable	
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	Fee F	Additional Required
City & Stat	е	28	City & State PEMBROKE	DINE	F1	_	6. Election Campaign Financin	9 []	-	May Be
Zip	Country	28]	Zip O./	Cour			Trust Fund Contribution			to Fees
24	25	29	33084	30	-,		8. This corporation has liability Florida Statutes	Yes I		8. 199.032,
	9, Name and Address of		tered Agent	1			10. Name and Address of New	Registered	Agent	
					81 Name	е				
	N, ALBERTO E			ŀ	82 Stree	t Addre	ss (P.O. Box Number is Not Acce	ptable)		
	W. 10TH STREET DKE PINES FL 33024			. }	63					
PEMBRU	JRE FINES PL 33024	•		L						
		j.			64 City			FL	85 Zip	Code
11. Pursuant office or a agent. I a	to the provisions of Sections registered agent, or both, in the familiar with, and accept the	617.0502 and 6 ne State of Floring ne obligations of	17.1508, Florida State da. Such change was f, Section 617.0503, F	utes, the ab authorized lorida Stati	ove-name by the co	d corpo orporatio	ration submits this statement for t on's board of directors. I hereby a	ne purpose o ccept the app	changing pointment a	its registered s registered
SIGNATURE			<u> </u>							
12.	Signature, typed or printed name of reg	stared agent and title		OTE: Registered	Agent signatu	re required	d when reinstating) ADDITIONS/CHANGES TO O	DATE	DIRECTO	DC IN 12
TITLE	D OFFICE	NO AND DINE	DELETE	1,1 TIT	F	1	ADDITIONS/CHANGES TO O	FFICERS ANI	Change	
NAME	SAMUEL NEGA	ON	<u></u>	1.2 NA					onlings	
STREET ADDRESS	1278 NW 192				reet address	;				
CITY-ST-ZIP	PEMBROKE PINC		3029		Y-ST-ZIP					
TITLE	DENSON		☐ DELETE	2.1 TIT		 			Change	☐ Addition
NAME	ORIANDO RODRI	GUE Z		2.2 NA	ME					
STREET ADDRESS	11537 NW 10	ST.		2.3 \$10	REET ADDRESS	;				
CITY- 81- 21P	PEMBROKE PIN	53 FL 37		2. 4 GI	Y- 51- 2IP					
TITLE	D Care C	,	☐ DELETE	3.1 TIT	LE				☐ Change	☐ Addition
NAME	JAMES TI CAT			3.2 NA	ME					
STREET ADDRESS	7131 SW 10,5	T			REET ADDRESS	3				
CITY-ST-ZIP	PEMBROKE PIN	IES, 12-33	50 42 		Y-ST-ZIP					
TITLE			☐ DELETE	4.1 TET					Change	■ Addition
NAME OTOGET ADDOCCO				4. 2 NA						
STREET ADDRESS					REET ADDRESS	·				
CITY-ST-Z#P TITLE			DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP	 			Change	Addition
NAME				5.1 III 5.2 NA					- Charige	ויטוווטוו ויים
STREET ADDRESS					vie Reet address					
CITY-ST-ZIP					Y-ST-ZIP	'				
TITLE	,		☐ DELETE	6.1 TIT		+			Change	[] Addition
NAME				62 NA						
STREET ADDRESS					reet address					
CITY-ST-ZIP					Y-ST-ZIP					
	by certify that the information	supplied with th	is filing dons not que			stated i	n Section 119.07(3)(i). Florida Sta	tutes Uturthe	r certify tha	t the

information indicated on this annual I am an officer or director of the corappears in Block 12 or Block 13 juice trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name enj with an address.