

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000569 (0)

1. Corporation Name

PRIMERA IGLESIA BAUTISTA DE LONGWOOD, INC.

Principal Place of Business

Mailing Address

891 SR 434 EAST
LONGWOOD FL 32750-5306

891 SR 434 EAST
LONGWOOD FL 32750-5306

3. Date Incorporated or Qualified

01/27/1997

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, ROBERTO REV
891 SR 434 EAST
LONGWOOD FL 32750-5306

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
NAME CRUZ, ROBERTO REV
STREET ADDRESS 8101 PAMICO STREET
CITY-ST-ZIP ORLANDO FL 32817-1507

☐ DELETE

TITLE D
NAME ROSADO, ROSA X
STREET ADDRESS 5111 BRIGHTON WAY XX
CITY-ST-ZIP CAMDEN, FL 32145 X

☒ DELETE

TITLE D
NAME RODRIGUEZ, CLAY X
STREET ADDRESS 507 WEST PLANTATION BLVD X
CITY-ST-ZIP LAKE MARY, FL 32846 X

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE D
1.2 NAME VIRGINIA SIERRA
1.3 STREET ADDRESS 623 PEACHEWOOD DR
1.4 CITY-ST-ZIP ALTA MONTE SPRING FL 32714

☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME ADALGISA ZOUAIN
2.3 STREET ADDRESS 667 WEY BRIDGE CT
2.4 CITY-ST-ZIP LAKE MARY, FL 32740

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/98 (407) 679-6989
Date Daytime Phone #

APPROVED
AND
FILED

96 OCT 14 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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