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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 97000001672

1. Corporation Name

IGLESIA BAUTISTA HISPANA "EL CONVENIO"

Principal Place of Business

Mailing Address

Stuart, Florida

3. Date Incorporated or Qualified

March 30, 1997

4. FEI Number

650744178

Applied For

Not Applicable

2. Principal Place of Business

490 Seville Street

2a. Mailing Address

P.O. BOX 6126

Suite, Apt. #, etc

Stuart, Florida

Suite, Apt. #, etc

-

City & State

34994

City & State

Stuart, Florida

Zip

34994

Country

U.S.A.

Zip

34997

Country

U.S.A.

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

PASTOR Angel L. Alicea
2349 S. E. Madison St.
Stuart, Fl. 34997

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 **PASTOR Angel L. Alicea**

Signature (Typed or printed name of registered agent and date) (Applicable)

(NOTE: Registered Agent signature required when re-stating)

Date

12. OFFICERS AND DIRECTORS

TITLE **TRUSTEES** ☐ DELETE

NAME **Angel L. Alicea**
STREET ADDRESS **2349 S.E. Madison St.**
CITY-ST-ZIP **Stuart, Fl. 34997**

TITLE **TRUSTEES** ☐ DELETE

NAME **Orlando Osorio**
STREET ADDRESS **8814 Lucaya Lane**
CITY-ST-ZIP **Hobe Sound, Fl. 33455**

TITLE **TRUSTEES** ☒ DELETE

NAME **Roberto Silva**
STREET ADDRESS **882 S.W. Carmelite St.**
CITY-ST-ZIP **Port St. Lucie, Fl. 34983**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 **TRUSTEES**

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

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-05/04/98--01012--034
*****61.25**

100002508751
-05/04/98--01012--035
*****13.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **PASTOR Angel L. Alicea**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)