


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).

FILED
 Sep 17 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 # N97000004037 (4)
 1. Corporation Name
IGLESIA BAUTISTA JESUS EL BUEN PASTOR INC.



Principal Place of Business 3729 AMBERMIST DRIVE TAMPA FL 33619	Mailing Address 3729 AMBERMIST DRIVE TAMPA FL 33619
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3. Date Incorporated or Qualified 07/14/1997		
4. FEI Number 65-0763526	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 6205 N. Himes Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 15274 Suite, Apt. #, etc.		
22	27		
23 City & State TAMPA FL	28 City & State TAMPA FL		
24 Zip 33614	25 Country Hillsborough	29 Zip 33614	30 Country Hillsborough

9. Name and Address of Current Registered Agent
**PEREZ, RAFAEL
 10921 AIRVIEW DR
 TAMPA FL 33625**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
FL B5 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: *Rafael Perez* *Juan Carlos Perez* **8/4/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PASTOR	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NISBEL CHACON		1.2 NAME	
STREET ADDRESS 3729 AMBERMIST DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33619		1.4 CITY-ST-ZIP	
TITLE DEACON	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JUAN JOSE GONZALEZ		2.2 NAME	
STREET ADDRESS 3713 PATINA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33619		2.4 CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RAFAEL PEREZ		3.2 NAME	
STREET ADDRESS 10921 AIRVIEW DR		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33625		3.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ELIZABETH RIVERA		4.2 NAME	
STREET ADDRESS 1705 W. HUMPHREY ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33614		4.4 CITY-ST-ZIP	
TITLE DEACON	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALFONSO DIEGUEZ		5.2 NAME	
STREET ADDRESS 5805 N. BOSSUM AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33614		5.4 CITY-ST-ZIP	
TITLE DEACON	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JUAN CARLOS PEREZ		6.2 NAME	
STREET ADDRESS 3729 AMBERMIST DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33619		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 199.07(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: *Rafael Perez* *Juan Carlos Perez* **8/4/98** **(813) 264-4296**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)