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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90026 033 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000004037**

1. Corporation Name

**IGLESIA BAUTISTA JESUS EL BUEN PASTOR INC.**

Principal Place of Business

6205 N HIMES AVE  
 TAMPA FL 33614  
 US

Mailing Address

P O BOX 152346  
 TAMPA FL 33684  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	3729 AMBERMIST DR.	07/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		P/H		65-0763526	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28 TAMPA, FL-		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
24		29 33619		30 Hillsborough	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEREZ, RAFAEL 10921 AIRVIEW DR TAMPA FL 33625				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHACON, NISBEL	1.2 NAME	
STREET ADDRESS	3729 AMBERMIST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JUAN J	2.2 NAME	RAMON E. ABREU
STREET ADDRESS	3713 PATINA DR	2.3 STREET ADDRESS	4631 - 76TH AVE. N.
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	PINELLAS PARK, FL-33781
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RAFAEL	3.2 NAME	
STREET ADDRESS	10921 AIRVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ELIZABETH	4.2 NAME	
STREET ADDRESS	1705 W HUMP HREY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEGURZ, ALFONSO	5.2 NAME	
STREET ADDRESS	5805 N BLOSSOM AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JUAN C	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 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]* DATE: 3/20/99 DAYTIME PHONE #: (813) 264-4296

CR2E037 (1/198)