


**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90024 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000001564</b>			
<b>1. Corporation Name</b> <b>IGLESIA BAUTISTA MISIONERA DE NORTH LAUDERDALE, INC.</b>			
<b>Principal Place of Business</b> 6177 KIMBERLY BOULEVARD NORTH LAUDERDALE FL 33068		<b>Mailing Address</b> 6177 KIMBERLY BOULEVARD NORTH LAUDERDALE FL 33068	



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> 03/17/1998 <b>4. FEI Number</b> #65-0820893 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>9. Name and Address of Current Registered Agent</b> LUGO, CARLOS M 2019 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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		<input type="checkbox"/> DELETE		1.1 TITLE	Trustee	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	David Archilla		
STREET ADDRESS				1.3 STREET ADDRESS	5247 NW 106th Drive		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Coral Springs Fla. 33076		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Trustee	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	Juan C. Bonilla		
STREET ADDRESS				2.3 STREET ADDRESS	5970 Winfield Blvd.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Margate, Fla. 33063		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Trustee	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	Carlos M. Lugo		
STREET ADDRESS				3.3 STREET ADDRESS	2019 Coral Ridge Drive		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Coral Springs Fla. 33071		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

954-917-1112

Daytime Phone #