

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N47344 (9)**

1. Corporation Name

**IGLESIA BAUTISTA DE CARROLLWOOD, INC.**



Principal Place of Business

Mailing Address

**2905 SMITTER ROAD  
TAMPA FL 33618  
US**

**2905 SMITTER RD  
TAMPA FL 33618  
US**

3. Date Incorporated or Qualified  
**02/14/1992**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**59-3113123**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYER, GREGORY F.  
2522 LAKE ELLEN LN  
TAMPA FL 33618**

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

TITLE **D - P** ☐ DELETE

NAME **JORDAN, GUILLERMO**  
STREET ADDRESS **18516 SILVERHILL DR.**  
CITY - ST - ZIP **TAMPA FL**

TITLE **D - T** ☐ DELETE

NAME **SANCHEZ, JOSE A.**  
STREET ADDRESS **15141 NIGHTHAWK DR.**  
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☒ DELETE

NAME **NIEVES, ANGEL**  
STREET ADDRESS **4805 FOXSHIRE CIRCLE**  
CITY - ST - ZIP **TAMPA FL**

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 **Victor Iraheta**  
1.3 STREET ADDRESS **13312 Kearney Way**  
1.4 CITY - ST - ZIP **Tampa, FL 33626**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D - S**  
2.3 STREET ADDRESS **Yolanda Barbosa**  
2.4 CITY - ST - ZIP **4501 Ranchwood Lane Tampa, FL 33624**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**Jose A. Sanchez**

**4/23/96 (813) 272-6588**

Date

Daytime Phone #

CR2E037 (12/95)