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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000004812 (2)

1. Corporation Name

IGLESIA BAUTISTA DEJESUCRISTO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 82
IMMOKALEE FL 33934

P.O. BOX 82
IMMOKALEE FL 34143-0082



3. Date Incorporated or Qualified
10/06/1995

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

21 214 N. 2nd St.

2a. Mailing Address

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

9. Name and Address of Current Registered Agent

ZURITA, DARIO REV
214 NORTH 2ND STREET
IMMOKALEE FL 33934

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME ZURITA, DARIO REV
STREET ADDRESS POST OFFICE BOX 82 N/A
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE D ☐ DELETE

NAME SERPAS, FRANCISCO
STREET ADDRESS 1711 ADAMS AVENUE
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE D ☐ DELETE

NAME AVALOS, RITA
STREET ADDRESS 1507 8TH AVENUE
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE D ☐ DELETE

NAME HERRERA, BELINDA
STREET ADDRESS 1418 UTE AVENUE
CITY-ST-ZIP LABELLE FL 33935

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

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 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 address.

CR2E037 (9/96)