

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001636

Entity Name: IGLESIA BAUTISTA HISPANA DE MANDARIN, INC.**Current Principal Place of Business:**1600 ASHLAND ST
JACKSONVILLE, FL 32207**Current Mailing Address:**1600 ASHLAND ST
JACKSONVILLE, FL 32207**FEI Number: 59-3436670****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE SILVA, ADOLFO
1600 ASHLAND STREET
JACKSONVILLE, FL 32207 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ADOLFO DE SILVA

04/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ESQUEDA, DAVID
Address	4563 CRYSTAL BROOK WAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	TR
Name	GAMEZ, GAMALIEL
Address	9702 MAYVILLE DR. S.
City-State-Zip:	JACKSONVILLE FL 32222

Title	VP
Name	ORTIZ, ROBINSON
Address	11132 CASTLEMAIN CIRCLE SOUTH
City-State-Zip:	JACKSONVILLE FL 32256

Title	TR
Name	DE SILVA, ADOLFO
Address	11270 KINROSE CT.
City-State-Zip:	JACKSONVILLE FL 32257

Title	SECRETARY
Name	CRESPO, CARMEN C
Address	10689 BALLESTERO DR. E
City-State-Zip:	JACKSONVILLE FL 32257

Title	TR
Name	SAENZ, FERNANDO AREV.
Address	8832 CANOPY OAKS DR.
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARMEN CECILIA CRESPO**SECRETARY**

04/07/2019

Electronic Signature of Signing Officer/Director Detail

Date