

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90074 033 ****70.00



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|---|---|--|--|--|--|
| DOCUMENT # 703446 | | | | 1. Entity Name THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC. | |
| Principal Place of Business 2480 NW 7TH ST MIAMI, FL 33125-3135 | | Mailing Address 2480 NW 7TH ST MIAMI, FL 33125-3135 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1288361 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| TURINO, ROLANDO G 1041 NW 32ND PL MIAMI, FL 33125 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Rolando Turino</i> | | 3/5/06 | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, RODOLFO 19520 SW 128 AVE MIAMI, FL 33177 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Perez, Rodolfo 19520 SW 128 Av. Miami, FL 33177 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANCHEZ REYES, JESUS R 5580 W 17 CT HIALEAH, FL 33012 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Sanchez Reyes, Jesus R. 5580 W 17 Ct. Hialeah, FL 33012 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FONTICIELLA, ANTONIO 2018 SW 17 STREET MIAMI, FL 33145 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARRERO, RUTH E 1825 W 44 PL #410 HIALEAH, FL 33012 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Jimenez, Luis E. 2855 Lehard Dr. apt. H102 Aventura, FL 33160 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARCIA-TURINO, ROLANDO 1041 NW 32 PL MIAMI, FL 33125 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Garcia-Turino, Rolando 1041 n.w. 32 Pl. Miami, FL 33125 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, RAFAEL 16042 SW 86 LN MIAMI, FL 33193 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Perez, Rafael 16042 S.W. 86 Ln. Miami, FL 33193 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | PRESIDENT | | 2/8/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |