


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90038 003 ****61.25

DOCUMENT # 724426					
1. Entity Name PRIMERA IGLESIA BAUTISTA HISPANA DE PLANTATION, INC.					
Principal Place of Business 5600 PETERS RD. PLANTATION FL 33317		Mailing Address 5600 PETERS RD. PLANTATION FL 33317			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6515419	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, MANUEL 9741 NW 25 COURT <i>9561 Sunrise Lakes Blvd.</i> SUNRISE FL 33322 <i>Bldg. 125 # 302</i>			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida: Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	A/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUIZ, MANUEL	NAME			
STREET ADDRESS	9561 SUNRISE LAKES BLVD. BLDG 125 #302	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELDA, ROMAN	NAME			
STREET ADDRESS	10081 NW 10 ST.	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEDINA, MABEL	NAME			
STREET ADDRESS	5600 PETERS RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESCUDERO, RAQUEL	NAME			
STREET ADDRESS	5600 PETERS RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, JOSE	NAME			
STREET ADDRESS	5600 PETERS RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NIETO, LUIS	NAME	<i>D Elias Roman</i>		
STREET ADDRESS	5600 PETERS RD.	STREET ADDRESS	<i>5600 Peters Rd.</i>		
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP	<i>Plantation, FL 33317</i>		
12. 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 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>Elda C. Roman</i>		SIGNATURE: <i>Elda C. Roman</i>		Date: <i>3/22/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>(954) 584-5113</i>	