

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90188 020 \*\*\*\*70.00



**DOCUMENT # 724426**  
 1. Entity Name  
**PRIMERA IGLESIA BAUTISTA HISPANA DE PLANTATION, INC.**

Principal Place of Business      Mailing Address  
**5600 PETERS RD.**      **5600 PETERS RD.**  
**PLANTATION FL 33317**      **PLANTATION FL 33317**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-6515419**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUIZ, MANUEL**  
**9561 SUNRISE LAKES BLVD**  
**BLDG 125, # 302**  
**SUNRISE FL 33322**

7. Name and Address of New Registered Agent  
 Name **Mabel Medina**  
 Street Address (P.O. Box Number is Not Acceptable) **112 Gardens Dr # 203**  
**P**  
 City **Pompano Beach**      FL      Zip Code **33069**

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 *Mabel Medina*      *Mabel Medina, Secretary*      *4/20/2006*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/D RUIZ, MANUEL <input checked="" type="checkbox"/> Delete 9561 SUNRISE LAKES BLVD. BLDG 125 #302 SUNRISE FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELDAA, ROMAN <input type="checkbox"/> Delete 10081 NW 10 ST. PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDINA, MABEL <input type="checkbox"/> Delete 5600 PETERS RD. PLANTATION FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCUDERO, RAQUEL <input type="checkbox"/> Delete 5600 PETERS RD. PLANTATION FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE <input type="checkbox"/> Delete 5600 PETERS RD. PLANTATION FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, ELIAS <input checked="" type="checkbox"/> Delete 5600 PETERS RD. PLANTATION FL 33317

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: *Eldaa C. Roman*      *4/20/06*      *(954) 584-5113*