

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724426

FILED
Feb 21, 2009
Secretary of State

Entity Name: PRIMERA IGLESIA BAUTISTA HISPANA DE PLANTATION, INC.

Current Principal Place of Business:

5600 PETERS RD.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

5600 PETERS RD.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 59-2353367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MABEL
112 GARDENS DR #203
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ELDA A, ROMAN
Address: 5600 PETERS RD
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: S () Delete
Name: MEDINA, MABEL
Address: 5600 PETERS RD.
City-St-Zip: PLANTATION, FL 33317

Title: DP () Delete
Name: ESCUDERO, RAQUEL
Address: 5600 PETERS RD.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: FERRER, MARISEL
Address: 5600 PETERS RD.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: BECERRA, ABNER
Address: 5600 PETERS ROAD
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: MARINACCIO, DALFI
Address: 5600 PETERS ROAD
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ROMAN, ELDA A
Address: 5600 PETERS RD
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GONZALEZ, OTTO
Address: 5600 PETERS ROAD
City-St-Zip: PLANTATION, FL 33317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELDA A. C. ROMAN

T

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date