

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724426

FILED  
Apr 15, 2011  
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  
Name: ROMAN, ELDA  
Address: 5600 PETERS RD  
City-St-Zip: FORT LAUDERDALE, FL 33317

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

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

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

Title: D  
Name: GONZALEZ, AMADA  
Address: 5600 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: ROMAN, ELIAS  
Address: 5600 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33317

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: ELDA C. ROMAN

T

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date