

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010582
 1. Entity Name
PRIMERA IGLESIA BAUTISTA HISPANA DE ST. CLOUD, INC.



Principal Place of Business
**1717 13TH STREET
 ST. CLOUD, FL 34769**

Mailing Address
**2414 SWEETWATER BLVD.
 ST. CLOUD, FL 34772**



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1718034

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

**TORRES, ANTONIO F
 2414 SWEETWATER BLVD.
 ST. CLOUD, FL 34772**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, ANTONIO F 2414 SWEETWATER BLVD SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, REINALDO 2118 MALLARD CREEK CIRCLE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, EVELIO 1641 CELLENY COURT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000393114
 01/25/06-80007-021 61.25

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 any address, with all other like empowered.

SIGNATURE: *Antonio Torres* **01-16-06** **407 891 7962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #