


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90050 003 ****70.00

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 address change.	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 702656	
Suite, Apt. #, etc.		Suite, Apt. #, etc. St Cloud, FL	
City & State		City & State	
Zip	Country	Zip	Country
34770		34770	US
4. FEI Number 73-1718034		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, ANTONIO F 2414 SWEETWATER BLVD. ST. CLOUD, FL 34772		Name CASILLAS, EZEQUIEL Street Address (P.O. Box Number is Not Acceptable) 613 ROYAL PALM DR City KISSIMMEE FL Zip Code 34743	
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 <i>Ezequiel Casillas</i>		DATE 01-07-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TORRES, ANTONIO F 2414 SWEETWATER BLVD SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	CASILLAS EZEQUIEL 613 ROYAL PALM DR. KISSIMMEE FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VAZQUEZ, REINALDO 2118 MALLARD CREEK CIRCLE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PEREZ, EVELIO 1641 CELLENY COURT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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 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 an address, with all other like empowered.			
SIGNATURE: <i>Evelio Perez</i>		Date 1-7-07 Daytime Phone # 407-348-9253	