


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR -9 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000010582</b> 1. Entity Name <b>PRIMERA IGLESIA BAUTISTA HISPANA DE ST. CLOUD, INC.</b>	
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Principal Place of Business <b>1717 13TH STREET ST. CLOUD, FL 34769</b>	Mailing Address <b>PO BOX 702656 SAINT CLOUD, FL 34770</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02212007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>73-1718034</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>CASILLAS, EZEQUIEL 613 ROYAL PALM DR KISSIMMEE, FL 34743</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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.

400093245554  
03/16/07--01004--019 \*\*\$61.25

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>CASILLAS, EZEQUIEL</b>
STREET ADDRESS	<b>613 ROYAL PALM DR.</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>VAZQUEZ, REINALDO</b>
STREET ADDRESS	<b>2118 MALLARD CREEK CIRCLE</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, EVELIO</b>
STREET ADDRESS	<b>1641 CELLENY COURT</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TORRES, ANTONIO F</b>
STREET ADDRESS	<b>2414 SWEETWATER BLVD</b>
CITY-ST-ZIP	<b>SAINT CLOUD, FL 34772</b>
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEREZ, CARLOS A</b>
STREET ADDRESS	<b>478 BOXWOOD CT</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ezequiel Casillas* 03-04-07  
Signature and typed or printed name of signing officer or director Date Daytime Phone #