2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N0600006780 1. Entity Name PRIMERA IGLESIA BAUTISTA HISPANA DE PORT SAINT LUCIE, INC.				04-	04-27-2007 90226 044 ****75.00		
2998 ROSET	e of Business ITA ST. E, FL 34953	Mailing Address 2998 ROSETTA ST. PT. ST. LUCIE, FL 34953					
2. Principal Place of Business - No P.O. Box# 3. Mai 7025 18		3. Mailing Address	Mailing Address Diamoni St				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)	
HURTST. LUCIE TO IT		PORT St. Lucie, EL		4. FEI Number 20416	1615	Apr. Not	lied For Applicable
344 s			Country USA	5. Certificate of S		\$8.75 Addit	
6. Name and Address of Current Registered Agent			- I - I - I - I - I - I - I - I - I - I	7. Name and Address of New Registered Agent			
GUILARTE, VICTOR M. 204-16 NE 10TH CT. RD.			Name Street Addre	ess /P O Boy Number is	Not Accentable)		
MIAMI, FL	=		L	Iress (P.O. Box Number is Not Acceptable)			
WILMIN, I E 33113			873	CHYPORT ST LUCIE FL Zip Code 34953			
				TYPORT ST LUCIE FL Zip Code 53			
R The above	named entity submits this statement for					/	
the obligat	tions of registered agent.	the purpose of changing its regi	istered office or reg	gisteråd agent, or both, ir	n the State of Flori	ida. I am familiar with, a	and accept
	tions of registered agent.		istered office or reg		n the State of Flori	ida. I am familiar with, a	and accept
the obligat	tions of registered agent.		gn Financing		Nia		
the obligat	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campai Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	Ma Florid	DATE	ite
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12. Thereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Delete

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■ Addition