# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2009**
**Secretary of State**

DOCUMENT# N08000002698

**Entity Name:** PRIMERA IGLESIA HISPANA DE NEW PORT RICHEY, INC.

**Current Principal Place of Business:**

5808 CONGRESS STREET
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

5808 CONGRESS STREET
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESPINOSA, ANGEL L
1716 HUDSON STREET
ORLANDO, FL 32808 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: P ( ) Delete
Name: ESPINOSA, ANGEL L REV
Address: 1716 HUDSON STREET
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: ESPINOSA, BECKIE
Address: 1716 HUDSON STREET
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: SIERRA, NELSON D
Address: 6024 BEECHWOOD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete
Name: SIERRA, OLGA D
Address: 6024 BEECHWOOD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S ( ) Delete
Name: MARTINEZ, LUZ M
Address: 7034 FAIRFAX DRIVE
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OLGA DE SIERRA T 01/24/2009

Electronic Signature of Signing Officer or Director — Date