


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90041 029 \*\*\*\*61.25

<b>DOCUMENT # N44165</b> 1. Entity Name <b>IGLESIA BAUTISTA DE POMPANO BEACH, INC.</b>					
Principal Place of Business <b>101 SOUTHWEST 17TH STREET POMPANO BEACH, FL 33060</b>			Mailing Address <b>101 SOUTHWEST 17TH STREET POMPANO BEACH, FL 33060</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0275161</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIAZ, RAMON C JR. 3730 N.W. 23 PL COCONUT CREEK, FL 33066</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, RAMON C <input type="checkbox"/> Delete 3730 N.W. 23 PL COCONUT CREEK, FL 33066				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALDEZ, MARIA ELENA <input checked="" type="checkbox"/> Delete 236 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CEBALLOS, HUMBERTO <input type="checkbox"/> Delete 1660 SW 63 AVE NORTH LAUDERDALE, FL 33068				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LIMA, RUBEN <input checked="" type="checkbox"/> Delete 3621 NE 13TH AVE. POMPANO BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TORRES, ABEL <input type="checkbox"/> Delete 6948 NW 9TH STREET MARGATE, FL 33069				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HERNANDEZ, ANGEL</b> 6124 ROSE TERRACE PLANTATION, FL 33317				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GARCIA, RAFAEL</b> 649 NW 47 ST DEERFIELD BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
<b>SIGNATURE:</b> <i>Ramon C Diaz</i> - RAMON C DIAZ					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

954-687-7030