


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N44165	
1. Entity Name IGLESIA BAUTISTA DE POMPANO BEACH, INC.	

Principal Place of Business 101 SOUTHWEST 17TH STREET POMPANO BEACH, FL 33060	Mailing Address 101 SOUTHWEST 17TH STREET POMPANO BEACH, FL 33060
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01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0275161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RAMON C JR.
3730 N.W. 23 PL
COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RAMON C 3730 N.W. 23 PL COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HERNANDEZ, ANGEL 6124 ROSE TERR PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEBALLOS, HUMBERTO 1660 SW 63 AVE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GARCIA, RAFAEL 649 NW 47 ST DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, ABEL 6948 NW 9TH STREET MARGATE, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80044-004 61.25

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: Ramon C. Diaz 1/4/07 1-954-785-3164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #