

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90260 029 ****70.00

DOCUMENT # N95000002360

1. Entity Name

IRA. IGLESIA BAUTISTA DE BRADENTON, INC.



Principal Place of Business

1535 6TH AVE. EAST
BRADENTON FL 34208
US

Mailing Address

11009 BUD RHODEN RD.
PALMETTO FL 34221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0581157

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANCHEZ, JESUS
3235 27TH PKWY
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Cutberto Medina

Street Address (P.O. Box Number is Not Acceptable)

2819 52nd Ave Dr W.

City

Bradenton.

FL

Zip Code

34207

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

Cutberto Medina

03.14.06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANCHEZ, JESUS
STREET ADDRESS 3235 27TH PKWY
CITY-ST-ZIP SARASOTA FL 35235 ☒ Delete

TITLE SD
NAME GARZA, MARTHA E.
STREET ADDRESS 11009 BUD RHODEN RD.
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE TD
NAME GARZA, SERGIO
STREET ADDRESS 11009 BUD RHODEN RD.
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Medina, Cutberto
STREET ADDRESS 2819 52nd Ave. Dr. W
CITY-ST-ZIP Bradenton, FL 34207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Martha E Garza 04.05.06 (941)737-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #