



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 043 ****61.25

DOCUMENT # N96000000534					
1. Entity Name IGLESIA BAUTISTA CENTRAL DE ORLANDO, INC.					
Principal Place of Business 2160 HIAWASSEE RD ORLANDO, FL 32818 US		Mailing Address 2160 HIAWASSEE RD ORLANDO, FL 32818 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3363633				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			7. Name and Address of New Registered Agent		
BURGOS, MARILUZ 1859 WEDGEWOOD WAY KISSIMMEE, FL 34746			Name <u>Jose J. Flores</u> Street Address (P.O. Box Number is Not Acceptable) <u>5403 Bay Lagoon Cir</u> City <u>Orlando</u> FL Zip Code <u>32819</u>		
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 <u>Jose J. Flores</u>			DATE <u>2-20-08</u>		
Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOTO, FERNANDO PASTOR	NAME			
STREET ADDRESS	2160 HIAWASSEE ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORES, JOSE J DEACON	NAME			
STREET ADDRESS	5403 BAY LAGOON CIR	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVILA, LUIS DEACON	NAME			
STREET ADDRESS	4141 BIG VALLEY BLVD	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34746	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORES, JUANITA DEACON	NAME			
STREET ADDRESS	2359 ATRIUM CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>MS Maribel Medina</u>		
STREET ADDRESS		STREET ADDRESS	<u>77 Siesta Key Ct.</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>Ocoee, FL. 34761</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Jose J. Flores</u>			DATE <u>2-20-08</u>		DAYTIME PHONE # <u>407-294-0840</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #