


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90045 020 ****61.25

DOCUMENT # 703446

1. Entity Name
THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC.



Principal Place of Business
**2480 NW 7TH ST
 MIAMI, FL 33125-3135**

Mailing Address
**2480 NW 7TH ST
 MIAMI, FL 33125-3135**

40016936



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01302007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

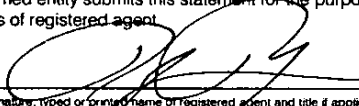
4. FEI Number
59-1288361

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|---|--|
| TURINO, ROLANDO G 1041 NW 32ND PL MIAMI, FL 33125 | | Name Rodolfo J. Perez Street Address (P.O. Box Number is Not Acceptable) 19520 S.W. 128 Ave. City miami FL Zip Code 33177 | |

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  DATE **1/30/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$84.25 Due by May 1, 2007

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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|----------------------------|--|--|---|---------------------------------|---|--|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEREZ, RODOLFO | | | NAME | S Romana Cabrera | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 19520 SW 128 AVE | | | STREET ADDRESS | 432 S.W. 87 Pl. | | |
| CITY-ST-ZIP | MIAMI, FL 33177 | | | CITY-ST-ZIP | miami, Fl. 33174 | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANCHEZ REYES, JESUS R | | | NAME | D Sinthia Hernandez Diaz | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5580 W 17 CT | | | STREET ADDRESS | 9369 Fountainbleau Blvd. # J207 | | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | | | CITY-ST-ZIP | miami, Fl. 33172 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FONTICIELLA, ANTONIO | | | NAME | | | |
| STREET ADDRESS | 2018 SW 17 STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33145 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JIMENEZ, LUIS E | | | NAME | | | |
| STREET ADDRESS | 2855 LEONARD DR. APT. H102 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AVENTURA, FL 33160 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GARCIA-TURINO, ROLANDO | | | NAME | | | |
| STREET ADDRESS | 1041 NW 32 PL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33125 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEREZ, RAFAEL | | | NAME | | | |
| STREET ADDRESS | 16042 SW 86 LN | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33193 | | | 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:  DATE **1/30/07** DAYTIME PHONE # **(305) 642-4755**

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