
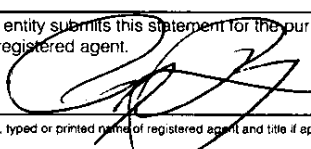
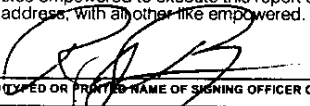


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90057 040 \*\*\*\*61.25

<b>DOCUMENT # 703446</b> 1. Entity Name <b>THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC.</b>					
Principal Place of Business <b>2480 NW 7TH ST MIAMI, FL 33125-3135</b>			Mailing Address <b>2480 NW 7TH ST MIAMI, FL 33125-3135</b>		
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	4. FEI Number <b>59-1288361</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PEREZ, RODOLFO J 19520 SW 128 AVE MIAMI, FL 33177</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEREZ, RODOLFO</b>		NAME	<b>martinez, Celeida</b>	
STREET ADDRESS	<b>19520 SW 128 AVE</b>		STREET ADDRESS	<b>1357 W. 83 St.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>		CITY-ST-ZIP	<b>Hialeah, FL 33014</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CABRERA, ROMANA</b>		NAME	<b>Tejera, Angel</b>	
STREET ADDRESS	<b>432 SW 87 PLACE</b>		STREET ADDRESS	<b>16041 NW 83 Pl.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>		CITY-ST-ZIP	<b>miami Lakes, FL 33016</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FONTICIELLA, ANTONIO</b>		NAME	<b>Fonticiella, Antonio</b>	
STREET ADDRESS	<b>2018 SW 17 STREET</b>		STREET ADDRESS	<b>2018 S.W. 17 St.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>		CITY-ST-ZIP	<b>miami, FL 33145</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>JIMENEZ, LUIS E</b>		NAME		
STREET ADDRESS	<b>2855 LEONARD DR. APT. H102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>AVENTURA, FL 33160</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	<b>DIAZ, SINTHIA H</b>		NAME		
STREET ADDRESS	<b>9369 FOUNTAINBLEAU BLVD J207</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	<b>PEREZ, RAFAEL</b>		NAME		
STREET ADDRESS	<b>16042 SW 86 LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33193</b>		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 another like empowered.					
<b>SIGNATURE:</b>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1288361

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

7. Name and Address of New Registered Agent

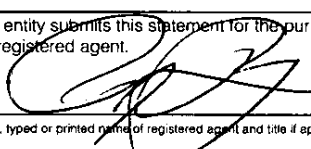
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City

**FL** Zip Code

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SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

DATE

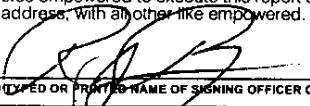
9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make check payable to  
**Florida Department of State**

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CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	miami, FL 33145	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
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		
NAME	DIAZ, SINTHIA H		NAME		
STREET ADDRESS	9369 FOUNTAINBLEAU BLVD J207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	PEREZ, RAFAEL		NAME		
STREET ADDRESS	16042 SW 86 LN		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		

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**SIGNATURE:**  (P)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/24/08 Daytime Phone #: 305 642 4735