2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 710464

1. Entity Name
NORTHSIDE SPANISH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1200 W 4TH AVENUE HIALEAH, FL 33010	1200 W 4TH AVENUE HIALEAH, FL 33010

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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1440918

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE ARMAS, RAFAEL
4630 SOUTH FAIRWAY DRIVE
PUNTA GORDA, FL 33982

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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
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CASANOVA, ALINA
STREET ADDRESS	670 PLOVER AVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	TD
NAME	BERNALDO, ALEX
STREET ADDRESS	1220 SW 94 AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V
NAME	JIMENEZ, FRANCISCO
STREET ADDRESS	2375 W 69 ST # 1
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VTD
NAME	MEDINA, MARILULY
STREET ADDRESS	968 IVIS AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80074-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rev. Alberto Ocaña
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2004
Date

305-885-7389
Daytime Phone #