
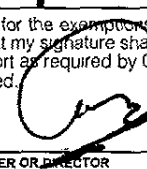


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 22, 2006 08:00 A**  
**Secretary of State**

|  |  |         |   |   |  |  |
|--|--|---------|---|---|--|--|
| <b>DOCUMENT # 710464</b><br>1. Entity Name<br>NORTHSIDE SPANISH BAPTIST CHURCH, INC.   |  |         |   |  |  |  |
| Principal Place of Business<br>1200 W 4TH AVENUE<br>HIALEAH, FL 33010  |  |         | Mailing Address<br>1200 W 4TH AVENUE<br>HIALEAH, FL 33010   |   |  |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt #, etc.  |   |  |  |
| City & State   |  |         | City & State  |   |  |  |
| Zip  |  | Country |   | Zip   |  |  |
| 6. Name and Address of Current Registered Agent<br><br>DE ARMAS, RAFAEL<br>4630 SOUTH FAIRWAY DRIVE<br>PUNTA GORDA, FL 33982   |  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |  |  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b> |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |         | 10. OFFICERS AND DIRECTORS  |   |  |  |
| TITLE PD <input type="checkbox"/> Delete<br>NAME OCAÑA, PEDRO A<br>STREET ADDRESS 2662 WEST 71 PLACE<br>CITY-ST-ZIP HIALEAH, FL 33016  |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000477721<br>04/06/06-80062-015 61.25     |   |  |  |
| TITLE TD <input type="checkbox"/> Delete<br>NAME BERNALDO, ALEX<br>STREET ADDRESS 9225 SOUTHWEST 10 TERRACE<br>CITY-ST-ZIP MIAMI, FL 33174   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |
| TITLE V <input type="checkbox"/> Delete<br>NAME JIMENEZ, FRANCISCO<br>STREET ADDRESS 2375 W 69 ST # 1<br>CITY-ST-ZIP HIALEAH, FL 33016   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |
| TITLE VTD <input type="checkbox"/> Delete<br>NAME MEDINA, MARILULY<br>STREET ADDRESS 968 IVIS AVE<br>CITY-ST-ZIP MIAMI, FL 33166   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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. |  |         |   |   |  |  |
| <b>SIGNATURE:</b> <i>Rev. P. Alberto Ocaña</i>    |  |         |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |         |   |   |  |  |
| Date <i>03/17/06</i> Daytime Phone # <i>(305) 826-7189</i>   |  |         |   |   |  |  |



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1440918 Applied For Not Applicable

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

FL Zip Code