2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 710464

1. Entity Name
NORTHSIDE SPANISH BAPTIST CHURCH, INC.

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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

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01122007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-1440918	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 _____

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE		
TITLE	PD	
NAME	OCAÑA, PEDRO A	
STREET ADDRESS	2662 WEST 71 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	TD	
NAME	BERNALDO, ALEX	
STREET ADDRESS	9225 SOUTHWEST 10 TERRACE	
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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01/22/07-80017-003 61.25

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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.

01-12-07   (305) 885-2389.

SIGNATURE: _____

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