

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 710464

1. Entity Name
NORTHSIDE SPANISH BAPTIST CHURCH, INC.



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

Mailing Address
**1200 W 4TH AVENUE
HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



01202008 No Chg-NP CR2E037 (4/06)

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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IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS

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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01/29/08-80082-021 61.25

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2008 (305) 885-7389
Date Daytime Phone #