
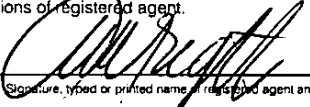
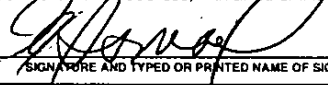


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90084 029 \*\*\*\*61.25

|   |   |  |   |
|---|---|--|---|
| DOCUMENT # 716836   |   |   |   |
| 1. Entity Name<br>IGLESIA BAUTISTA GETSEMANI, INC.  |   |  |   |
| Principal Place of Business<br>5298 N.W. 7TH ST.<br>MIAMI, FL 33126   |   | Mailing Address<br>5298 N.W. 7TH ST.<br>MIAMI, FL 33126  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| ALFONSO, ODELFA<br>101 SW 62ND CT<br>MIAMI, FL 33144  |   | Name<br><b>ARACELY WRIGHT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1790 S.W. 16 ST.</b><br><b>MIAMI</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33145</b> |   |
| 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    |   | PRESIDENT  | 3-16-2005   |
| 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<br>Due by May 1, 2005   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees  |
| Make check payable to<br>Florida Department of State  |   |  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>VAZQUEZ, AMERICO<br>615 W PARK DR #203<br>MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ARIAS CONSUELO<br>53 N.W. 109th Ct.<br>MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ALVAREZ, MANOLO<br>13950 SW 16 TERRACE<br>MIAMI, FL 33175 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | FRANCO ROLANDO<br>310 N.W. 56 AVE<br>MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ODELFA, ALFONSO<br>101 SW 62 CT<br>MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ARMANDO COUCE<br>5271 N.W. 5 ST.<br>MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RIGOBERTO, CAIRO<br>1045 SW 12 CT<br>MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | JOSUE RODRIGUEZ<br>11750 S.W. 19 ST. APT. 229<br>MIAMI FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ISMAIL, ELIZABETH<br>7235 SW 19 ST<br>MIAMI, FL 33155 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MAGALY TALLON<br>9779 N.W. 127 TERRACE<br>HIALEAH GARDEN, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LEON, DANIEL<br>5280 NW ST APT 406<br>MIAMI, FL 33136 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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:   |   | 3/16/2005 305-856-4720   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |   |