


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90197 006 ****61.25

DOCUMENT # 716836

1. Entity Name
IGLESIA BAUTISTA GETSEMANI, INC.



Principal Place of Business
**5298 N.W. 7TH ST.
 MIAMI, FL 33126**

Mailing Address
**5298 N.W. 7TH ST.
 MIAMI, FL 33126**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2226611

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, ARACELY
1790 SW 16 ST
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, CONSUELO	
STREET ADDRESS	53 NW 109TH CT	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCO, RONALDO	
STREET ADDRESS	310 NW 56AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUCE, ARMANDO	
STREET ADDRESS	5271 NW 5 ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSUE	
STREET ADDRESS	11750 SW 18TH ST APT 229	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALLON, MAGALY	
STREET ADDRESS	9779 NW 127 TERR	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, DANIEL	
STREET ADDRESS	5280 NW ST APT 406	
CITY-ST-ZIP	MIAMI, FL 33136	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISMAIL ELIZABETH	
STREET ADDRESS	7235 S.W. 19 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ MANUEL	
STREET ADDRESS	13950 S.W. 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Consuelo Arias* **CONSUELO ARIAS** 1-8-06 305-448-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #