



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90382 019 ****70.50

| | | | | | |
|--|-------------------------|--|---|--|--|
| DOCUMENT # 719620 | | | |  | |
| 1. Entity Name WESTCHESTER SPANISH CHRISTIAN CHURCH, INC. | | | | | |
| Principal Place of Business 10601 S.W. 48 ST. MIAMI, FL 33165 | | Mailing Address 10601 S.W. 48 ST. MIAMI, FL 33165 | | 50016158 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02092006 Chg-NP CR2E037 (11/05) | |
| City & State | | City & State | | 4. FEI Number 23-7119205 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PEREZ, ALFREDO 8890 S.W. 97 TERR MIAMI, FL 33176 | | | Name Street Address (P.O. Box Number is Not Acceptable) 10601 SW 48 St. City MIAMI FL Zip Code 33165 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEREZ, ALFREDO | | NAME | | |
| STREET ADDRESS | 8890 SW 97 TERR | | STREET ADDRESS | 10601 SW 48 ST. | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VAN DALEN, GERARDO | | NAME | | |
| STREET ADDRESS | 11971 S.W. 119TH STREET | | STREET ADDRESS | 10601 SW 48 St. | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ECHAZABAL, NELSON | | NAME | | |
| STREET ADDRESS | 11935 SW 119 PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | TD | |
| STREET ADDRESS | | | STREET ADDRESS | AURORA PEREZ | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 10601 SW 48 ST. | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | 4/20/06 | | (305) 559-4851 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |
| GERARDO VAN DALEN, Secy + DIRECTOR | | | | | |