

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 723735

1. Entity Name
PRIMERA IGLESIA BAUTISTA LIBRE DE HIALEAH, INC.



Principal Place of Business
 26 E. 7 ST.
 HIALEAH, FL 33010

Mailing Address
 26 E. 7 ST.
 HIALEAH, FL 33010



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2218792** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WAITE, JAIME A.
 1020 N.W. 32ND STREET
 MIAMI, FL 33127

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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, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PENA, ABDULJA
STREET ADDRESS	702 E 30 ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	VTD
NAME	UNCAL, JOSE A
STREET ADDRESS	560 W. 65 DRIVE
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	UNCAL, DORIS
STREET ADDRESS	560 W 65TH DR
CITY-ST-ZIP	HIALEAH, FL
TITLE	V
NAME	ECHEVARRIA, ANTONIO
STREET ADDRESS	345 W 16 ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	PD
NAME	SUAREZ, REV. ISREAL
STREET ADDRESS	18 EAST 7TH STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	V
NAME	GOMEZ, ORESTE
STREET ADDRESS	4990 SW 84 CRT
CITY-ST-ZIP	MIAMI, FL 33182

01132006-0388563
 01/20/06-80050-018 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.

SIGNATURE:

[Handwritten Signature]

DORIS UNCAL

01-13-06

305) 720-9709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #