2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 723735

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

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

02142008 No Chg-NP CR2E037 (4/06)

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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 _____ 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, 2008

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

U00000331898
02/27/08-80026-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PENA, OBDULIA
STREET ADDRESS	18 E 7TH ST.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VTD
NAME	SUAREZ, ISIS D
STREET ADDRESS	1179 NW 123 CRT
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	T
NAME	GOMEZ, ORESTE S
STREET ADDRESS	4990 SW 84 CRT
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	V
NAME	SUAREZ, GUDELIA
STREET ADDRESS	6241 E 6 AVE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	PD
NAME	SUAREZ, REV. ISREAL
STREET ADDRESS	702 E 30 STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/14/08 3052616251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #