## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 723735**

FILED Feb 05, 2009 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
26 E. 7 ST HIALEAH,	- FL 33010				
Current Mailing Address:			New Maili	New Mailing Address:	
26 E. 7 ST HIALEAH,	- FL 33010				
FEI Number	: 59-2218792	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
MIAMI, FL	. 32ND STREE 33127 US		urnose of changing i	its registered office or registered agent, or both,	
	e of Florida.	submits this statement for the p	urpose of changing f	is registered office of registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S ( PENA, OBDUL 18 E 7TH ST. HIALEAH, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VTD ( SUAREZ, ISIS 1179 NW 123 ( MIAMI, FL 331	CRT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( GOMEZ, ORES 4990 SW 84 C MIAMI, FL 331	RT	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition GOMEZ, FRANCISCO O 4990 SW 84 CRT MIAMI, FL 33182	
Title: Name: Address:	V ( SUAREZ, GUD 6241 E 6 AVE HIALEAH, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip:			Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUAREZ ISRAEL PD 02/05/2009