
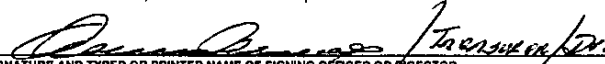


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 014 ****61.25

DOCUMENT # 731439			
1. Entity Name EVANGELICAL SPANISH AMERICAN CHURCH OF HIALEAH, INC.			
Principal Place of Business 1325 W. 30 ST HIALEAH, FL 33012-4853 US		Mailing Address 1325 W. 30TH ST HIALEAH, FL 33012-4853 US	
2. Principal Place of Business		3. Mailing Address 4929 E. 8 Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HIALEAH, FL	
Zip	Country	Zip	Country
		33012	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JAUN MIGUEL 4500 WEST 19TH COURT, APT D-139 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: ARNALDO GUESADA Street Address (P.O. Box Number is Not Acceptable): 4929 E. 8 Ct. City: HIALEAH State: FL Zip Code: 33012	
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: 5/9/05	
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 September 7, 2005		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	TD <input checked="" type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JUAN MIGUEL	NAME	GUESADA, ARNALDO
STREET ADDRESS	4525 W 20TH AVENUE, APT C-130	STREET ADDRESS	4929 E. 8 Ct
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	HIALEAH, FL
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ALEJANDRO	NAME	
STREET ADDRESS	18875 NW 62ND AVENUE, #208	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMAS, ESEL	NAME	
STREET ADDRESS	15338 SW 39TH LN.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ENRIQUE	NAME	
STREET ADDRESS	1315 W. 29TH ST., APT 204	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTURA, ARNULFO	NAME	VENTURA, ARNULFO
STREET ADDRESS	4569 SW 2ND TERR	STREET ADDRESS	4569 SW 2ND TERR
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	MIAMI, FL 33134
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 exemption stated in Section 119.07(3)(i), 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: 		DATE: 5/9/05 - 1-305-684-0436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50052187



05092005 Chg-NP CR2E037 (10/03)