


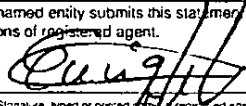
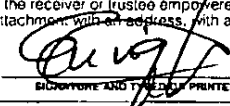
AMENDED
2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

05-27-2005 90023 006 *****61.25
 731439

FILED

05 JUN -2 AM 9:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, JAUN MIGUEL 4500 WEST 19TH COURT, APT D-139 HIALEAH, FL 33012			Name: Enrique Rodriguez Street Address (P.O. Box Number is Not Acceptable): 6900 NW 169 ST unit H City: Miami FL Zip Code: 33015		
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: 		Enrique		DATE: 05/22/05	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, JUAN MIGUEL		NAME		
STREET ADDRESS	4525 W 20TH AVENUE, APT C-130		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, ALEJANDRO		NAME	Alejandro Fernandez	
STREET ADDRESS	18875 NW 62ND AVENUE, #208		STREET ADDRESS	6900 NW 169 ST UNIT H	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	Miami FL 33015	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ENRIQUE		NAME	Enrique Rodriguez	
STREET ADDRESS	1315 W. 29TH ST., APT 204		STREET ADDRESS	2963 W 20th Hialeah FL 33016	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENTURA, ARNULFO		NAME		
STREET ADDRESS	4569 SW 2ND TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		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 exemption stated in Section 119 C7(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: 		Enrique		DATE: 05/22/05 305-803-3745	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	