

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90001 042 \*\*\*\*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  
 70 EAST 61ST STREET  
 HIALEAH, FL 33013 US

40101400



**DO NOT WRITE IN THIS SPACE**

08042006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ENRIQUE PASTOR**  
 70 EAST 61ST STREET  
 HIALEAH, FL 33013

**DO NOT WRITE IN THIS SPACE**

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 September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MUNIZ, MARIA
STREET ADDRESS	4465 EAST 8 LANE
CITY - ST - ZIP	HIALEAH, FL 33013
TITLE	DP
NAME	GUTIERREZ, ANDINOGENES
STREET ADDRESS	566 WEST 44TH PLACE
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	D
NAME	RODRIGUEZ, ENRIQUE PASTOR
STREET ADDRESS	70 EAST 61 STREET
CITY - ST - ZIP	HIALEAH, FL 33013
TITLE	T
NAME	LORET DE MOLA, ADONIS
STREET ADDRESS	4457 EAST 8 LANE
CITY - ST - ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/06 (305) 803-3746

Date

Daytime Phone #