
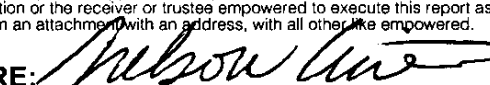


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90230 023 \*\*\*\*61.25

<b>DOCUMENT # 735171</b> 1. Entity Name <b>PRIMERA IGLESIA BAUTISTA DE ORLANDO, INC.</b>					
Principal Place of Business <b>551 GASTON FOSTER RD ORLANDO, FL 32807</b>			Mailing Address <b>4524 CURRY FORD RD 286 ORLANDO, FL 32812</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>NIEVES, NELSON 3621 LISMORE DR. LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, JULIO 622 FLAGLER DR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEVES, NELSON 3621 LISMORE DR. LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Nieves Nelson 3621 Lismore Dr Lakeland, FL 33803 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, JUAN 3217 RUNNING BEAR WAY KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Juan Jose Marcia 10164 Andover Point Cir. Orlando, FL 32825 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDEZ, OLGA 5866 LA COSTA DR. ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTA, ANDRES F 2054 PIEDMONT PARK BLVD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosa Rodriguez 6589 Hidden Beach Cirde Orlando, FL 32819 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date: <b>4/30/08</b> Daytime Phone #: <b>407-412-9000</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					