# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2009**
**Secretary of State**

DOCUMENT# 735171

**Entity Name:** PRIMERA IGLESIA BAUTISTA DE ORLANDO, INC.

**Current Principal Place of Business:**

551 GASTON FOSTER RD
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

4524 CURRY FORD RD
286
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number: 59-1644091** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIEVES, NELSON
3621 LISMORE DR.
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | RIVERA, JULIO | |
| Address: | 622 FLAGLER DR | |
| City-St-Zip: | ORLANDO, FL 32809 | |
| Title: | D | ( ) Delete |
| Name: | NIEVES, NELSON | |
| Address: | 3621 LISMORE DR. | |
| City-St-Zip: | LAKELAND, FL 33803 | |
| Title: | V | ( ) Delete |
| Name: | MARCIA, JUAN JOSIE | |
| Address: | 10167 ANDOVER POINT CR | |
| City-St-Zip: | ORLANDO, FL 32825 | |
| Title: | D | ( ) Delete |
| Name: | MELENDEZ, OLGA | |
| Address: | 5866 LA COSTA DR. | |
| City-St-Zip: | ORLANDO, FL 32807 | |
| Title: | D | ( ) Delete |
| Name: | RODRIGUEZ, ROSA | |
| Address: | 6589 HIDDEN BCH CIR | |
| City-St-Zip: | ORLANDO, FL 32819 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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: NELSON NIEVES D 04/24/2009

Electronic Signature of Signing Officer or Director — Date