2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 744086

1. Entity Name
PRIMERA IGLESIA BAUTISTA LA HERMOSA, INC.

Principal Place of Business	Mailing Address
28140 SW 152ND AVENUE LEISURE CITY, FL 33033 US	28140 SW 152ND AVENUE LEISURE CITY, FL 33033 US

04042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2784678
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEZCANO, REDONEL
12270 SW 185 TERR
LEISURE CITY, FL 33033

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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: X _____ X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEZCANO, REDONEL
STREET ADDRESS	12270 SW 185 TERR
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VP
NAME	GUEVARA, MARCO T
STREET ADDRESS	28530 SW 144 AVENUE
CITY-ST-ZIP	MIAMI, FL 33003
TITLE	T
NAME	SANTANA, YOLANDA
STREET ADDRESS	16370 SW 292 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	VT
NAME	CANET, CARMEN
STREET ADDRESS	30721 SW 155 AVE
CITY-ST-ZIP	MIAMI, FL 33033
TITLE	S
NAME	LEZCANO, ANA
STREET ADDRESS	12270 S.W. 185 TERR.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80006-021 61.25

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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: _____ Carmen Canet 413.05 305 2573485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ck # 8630