


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90036 015 \*\*\*\*61.25

<b>DOCUMENT # 760287</b> 1. Entity Name <b>PRIMERA IGLESIA CRISTIANA DE HABLA HISPANA DE BRANDON, INC.</b>					
Principal Place of Business <b>728 E LUMSDEN RD BRANDON, FL 33511</b>			Mailing Address <b>728 E LUMSDEN RD BRANDON, FL 33511</b>		
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 <b>59-2254709</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAMACHO, DINA E. 4103 YELLOWWOOD DRIVE VALRICO, FL 33594</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAMACHO, DINA E</b>		NAME		
STREET ADDRESS	<b>4410 MAREH TRACE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OSVALDO, COLON</b>		NAME		
STREET ADDRESS	<b>3817 COLD CREEK DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EMBREE, MARILYN</b>		NAME		
STREET ADDRESS	<b>11708 N 51ST ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAMACHO, CARLOS J</b>		NAME		
STREET ADDRESS	<b>728 E LUMSDEN RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAMACHO, JUAN C</b>		NAME		
STREET ADDRESS	<b>4410 MAREN TRACE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>		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 119.07(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.					
<b>SIGNATURE:</b> <i>Dina E. Camacho</i> <b>DINA E. CAMACHO</b> <i>3/18/05</i> <b>(813) 681-2459</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					