2004 NOT-FOR-PROFIT CORPORATION

FILED Mar 31, 2004 8:00 am

ANNUAL REPORT						Secretary of State					
DOCUMENT # 765975 1. Entity Name PRIMERA IGLESIA BAUTISTA HISPANA DE DOVER, INCORPORATED						03-31-2004 90016 014 ****61.25					
Principal Place of Business P O BOX 355 SYDNEY, FL 33587-7755		P 0 B	Mailing Address P O BOX 355 SYDNEY, FL 33587-7755			- 44022031					
2. Principal Place of Business		3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			03232004 _{Ct}	ng -N P	CR2E037	7 (10/03)		
City & State		City	City & State			4. FEI Number 59-244307	6	_		plied For t Applicable	
Zip Country		Zip	Zip		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered	i Agent			7. Name and Add	ress of New R	egistered Aç	gent		
DELGADO, DAVID 1528 SYDNEY DOVER RD DOVER, FL 33527			Name Street Address			(P.O. Box Number is Not Acceptable)					
				City	City FL Zip Code sistered office or registered agent, or both, in the State of Florida. I am familiar with, and						
the obligati	Signature, typed or printed name of registered ag	ent and title if appli		Registered Agent signa	ture required		M	DATE Shock	navahla te		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGI	ES TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP	TR TREJO, MIGUEL 5914 HWY. 92 LOT 1 PLANT CITY, FL 33567		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				l	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			X i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1690	© Change Addi DRED DOMINGUEZ 2 STAFFORD RD. NT CITY, FL 33565			Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ESPARZA, WALDON 6704 PEMBERTON VIEW SEFFNER, FL 33584		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DELGADO, ANTONIA 1528 SYDNEY DOVER RD DOVER, FL 33527		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RAMIREZ, GUILLERMO 4721 SILKRUN PLANT CITY, FL 33567		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				!	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. DANIEL ROD PO BOX 480 DURANT, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNAT	HRF.
SIGITAL	OI16.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DELGADO 03/24/04 (813-707-9289

Daytime Phone # Date