2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765975

FILED Mar 31, 2005 Secretary of State

Entity Name: PRIMERA IGLESIA BAUTISTA HISPANA DE DOVER, INCORPORATED

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
P O BOX 3: SYDNEY, F	55 FL 335877755				
Current Mailing Address:			New Mailir	New Mailing Address:	
P O BOX 3: SYDNEY, F	55 FL 335877755				
FEI Number:	59-2443076	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
DELGADO 1528 SYDN DOVER, FL	IEY DOVER R	_			
The above in the State		submits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TR () TREJO, MIGUE 5914 HWY. 92 PLANT CITY, FI	LOT 1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () DOMINGUEZ, M 6902 STAFFOR PLANT CITY, F	D RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR () ESPARZA, WAI 6704 PEMBER' SEFFNER, FL	FON VIEW	Title: Name: Address: City-St-Zip:	TR (X) Change () Addition ESPARZA, WALDO 6704 PEMBERTON VIEW SEFFNER, FL 33584	
Title: Name: Address: City-St-Zip:	TR () DELGADO, ANT 1528 SYDNEY DOVER, FL 33	DOVER RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR () RAMIREZ, GUII 4721 SILKRUN PLANT CITY, F		Title: Name: Address: City-St-Zip:	TR (X) Change () Addition RAMIREZ, FRANCISCA 4721 SILKRUN PLANT CITY, FL 33567	
Title: Name: Address: City-St-Zip:	TR () RODRIGUEZ, E PO BOX 480 DURANT, FL 3		Title: Name: Address: City-St-Zip:	TR (X) Change () Addition MELENDEZ, MARTIN 3750 TANNAS RD. DOVER, FL 33527	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID DELGADO PRE 03/31/2005