


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90054 031 \*\*\*\*61.25

<b>DOCUMENT # 765975</b> 1. Entity Name <b>PRIMERA IGLESIA BAUTISTA HISPANA DE DOVER, INCORPORATED</b>		
Principal Place of Business <b>14732 SYDNEY RD DOVER FL 33527</b>		Mailing Address <b>P O BOX 355 SYDNEY FL 33587</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	4. FEI Number <b>59-2443076</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>DELGADO, DAVID</b> <b>1528 SYDNEY DOVER RD</b> <b>DOVER FL 33527</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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: *David Delgado* 1/28/07  
Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TR	TITLE	TR
NAME	TREJO, FABIAN JR <input checked="" type="checkbox"/> Delete	NAME	Martin Melendez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3481 LINDSEY ST	STREET ADDRESS	3750 Tanner Rd.
CITY-ST-ZIP	DOVER FL 33527	CITY-ST-ZIP	Dover, FL 33527
TITLE	T <input type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINGUEZ, MILDRED	NAME	Dipriso Trejo
STREET ADDRESS	6902 STAFFORD RD	STREET ADDRESS	P.O. Box 507
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	Sydney, FL 33587
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ANTONIA	NAME	Miguel Trejo
STREET ADDRESS	1528 SYDNEY DOVER RD	STREET ADDRESS	5714 W. U.S. Hwy 92 #3
CITY-ST-ZIP	DOVER FL 33527	CITY-ST-ZIP	Plant City FL 33566
TITLE	TR <input type="checkbox"/> Delete	TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ, MARTIN	NAME	Juan Carlos Valdez
STREET ADDRESS	3750 TANNAS RD.	STREET ADDRESS	1833 Branch Forbes Rd.
CITY-ST-ZIP	DOVER FL 33527	CITY-ST-ZIP	Plant City, FL 33565
TITLE	<input type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Daniel Rodriguez
STREET ADDRESS		STREET ADDRESS	721 Jerry Smith Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Dover, FL 33527
TITLE	<input type="checkbox"/> Delete	TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jesus Cruz
STREET ADDRESS		STREET ADDRESS	P. O. Box 544
CITY-ST-ZIP		CITY-ST-ZIP	Plant City, FL 33564

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mildred G. Dominguez* 1/28/07 813-707-9289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #