## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004243

FILED May 06, 2009 Secretary of State

Entity Name: IGLESIA BAUTISTA HISPANA DE DAYTONA, INC. **Current Principal Place of Business: New Principal Place of Business:** 316 CHURCH STREET PORT ORANGE, FL 32127 **Current Mailing Address: New Mailing Address:** P.O. BOX 214492 P.O. BOX 214492 SOUTH DAYTONA, FL 32127 SOUTH DAYTONA, FL 32121 US FEI Number: 59-3658976 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OCHOA, VICTOR H OCHOA, VICTOR H PASTOR 273 PALM CASTLE DRIVE 273 PALM CASTLE DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 US US 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. SIGNATURE: VICTOR HUGO OCHOA 05/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition OCHOA. VICTOR H PASTOR Name: Name: 273 PALM CASTLE DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SOTELO, MYRIAM S MIN. EN Name: Address: 273 PALM CASTLE DR. Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: () Delete Title: () Change () Addition OCHOA DE ZAMBRANO, PAULA G MIN. AL Name: Name: 273 PALM CASTLE DR. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: ( ) Delete Title: TD Title: (X) Change ( ) Addition O'DONOHUE, NAOMI O'DONOHUE, NAOMI TESORER Name: Name: 411 LAURIE AVENUE 411 LAURIE AVENUE Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VICTOR HUGO OCHOA PD 05/06/2009