FILED
Jun 12, 2007 8:00 am
Secretary of State
04-27-2007 90206 025 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006182

1. Entity Name
IGLESIA BAUTISTA BIBLICA EL FARO INC.

66018724

Principal Place of Business	Mailing Address
2250 STATE ROAD SOUTH HAINES CITY, FL 33844	POST OFFICE BOX 1645 HAINES CITY, FL 33845

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME Above	SAME Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3737854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FLORES, OSCAR~~ ~~121 ASHLEY LOOP~~ ~~DEVENPORT, FL 33837~~	Name: LUCIANO DONATO Street Address (P.O. Box Number is Not Acceptable): 1416 WOOD AVE City: HAINES City FL Zip Code: 33844

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: Luciano Donato DEACON/OFFICER 5/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007	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/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,MR DONATO, LUCIANO 1416 WOOD AVE HAINES CITY, FL 33844	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,MR MENESES, MARCO 813 OGLETHORPE COURT KISSIMMEE, FL 34758	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,MR LOPEZ, ANGEL 3705 OAK POINTE BLVD KISSIMMEE, FL 34746	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,MR RODRIGUEZ, RAMON 136 DIAMOND RIDGE BLVD AUBURNDALE, FL 33823	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,MR PABLO, ARIAS 3060 W LAKE HAMILTON RD WINTER HAVEN, FL 33881	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Luciano Donato 5-6-04