
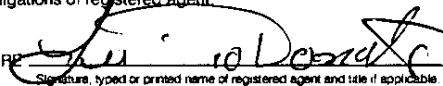
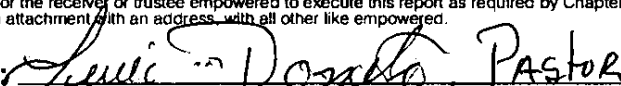


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 016 ****70.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N01000006182 1. Entity Name IGLESIA BAUTISTA BIBLICA EL FARO INC. | | | |  | |
| Principal Place of Business 2250 STATE ROAD SOUTH HAINES CITY, FL 33844 | | | Mailing Address POST OFFICE BOX 1645 HAINES CITY, FL 33845 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent DONATO, LUCIANO 1416 WOOD AVE HAINES CITY, FL 33844 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Pastor </div> <div style="width: 30%; text-align: right;"> 4-09-08 <small>DATE</small> </div> </div> <div style="text-align: center; margin-top: 5px;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CARDENAS JOSE 2525 North 10th St. Apt 15 HAINES City, FL 33844 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,MR MENESES, MARCO 813 OGLETHORPE COURT KISSIMMEE, FL 34758 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bautista, ARNALDO 3125 HINSON AVE. HAINES City, FL 33844 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,MR LOPEZ, ANGEL 3705 OAK POINTE BLVD KISSIMMEE, FL 34748 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ENRIQUES, NATANAEL 1802 3RD CT SE WINTER HAVEN, FL 33880 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,MR RODRIGUEZ, RAMON 136 DIAMOND RIDGE BLVD AUBURNDAL, FL 33823 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,MR PABLO, ARIAS 3060 W LAKE HAMILTON RD WINTER HAVEN, FL 33881 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 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. | | | | | |
| SIGNATURE:  Pastor | | | 4-09-08 (863) 421-8848 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

40068061



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3737854

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required