

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90003 029 ****61.25

DOCUMENT # N01000006653

1. Entity Name
**PRIMERA IGLESIA BAUTISTA HISPANA DE
OKEECHOBEE, INC.**



Principal Place of Business
**401 S.W. 4TH STREET
OKEECHOBEE, FL 34974**

Mailing Address
**401 S.W. 4TH STREET
OKEECHOBEE, FL 34974**

54069122



2. Principal Place of Business

3. Mailing Address
P.O. Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State
Okeechobee

4. FEI Number
65-1144126

Applied For
Not Applicable

Zip

Country

Zip

34973

Country

Okeechobee

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

6. Name and Address of Current Registered Agent

**PUENTE, RAUL
401 S.W. 4TH STREET
OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent

Name **Mario Robles**

Street Address (P.O. Box Number is Not Acceptable)

3203 N.W. 3rd Street

City **Okeechobee**

FL

Zip Code
34972

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

Signature, typed or printed name of registered agent and title if applicable.

Mario Robles

8/17/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE **S** ☒ Delete
NAME **CASTILLO, ROSA**
STREET ADDRESS **2269 N.W. 32ND AVENUE**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **D** ☐ Delete
NAME **SOLORZANO, JUAN**
STREET ADDRESS **2242 N.W. 4TH STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **D** ☐ Delete
NAME **SOLORZANO, FRANCISCO**
STREET ADDRESS **3181 N.W. 22ND STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE **T** ☐ Delete
NAME **SOLORZANO, RAMONA**
STREET ADDRESS **1013 NW 3RD STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **Melissa Serrano**
STREET ADDRESS **1016 N.W. 2nd St.**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Solorzano

8/17/04

Date

Daytime Phone #