

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

FILED

Aug 03, 2007 08:00 AM
Secretary of State

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

PO BOX 130
OKEECHOBEE FL 34973

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

4. FEI Number

65-1144126

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

ROBLES, MARIO
3203 NW 3RD STREET
OKEECHOBEE FL 34972

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

JULY 31/07

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 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

TITLE ☐ Delete

NAME
SERRANO, MELISSA
STREET ADDRESS
1016 NW 2ND ST
CITY - ST - ZIP
OKEECHOBEE FL 34972

TITLE ☐ Delete

NAME
SOLORZANO, JUAN
STREET ADDRESS
2242 N.W. 4TH STREET
CITY - ST - ZIP
OKEECHOBEE FL 34972

TITLE ☐ Delete

NAME
SOLORZANO, FRANCISCO
STREET ADDRESS
3181 N.W. 22ND STREET
CITY - ST - ZIP
OKEECHOBEE FL 34972

TITLE ☐ 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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 31/07

Date

Daytime Phone #