

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000628

FILED
Feb 03, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA MISIONERA DE SARASOTA, INC.

Current Principal Place of Business:

3308 E. 17TH ST.
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

3308 E. 17TH ST.
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 37-1418393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENT, JOHN C JR.
3415 MAGIC OAK LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CANES, HILDA A
Address: 1610 OAK VIEW DR.
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: CANES, JOSE G
Address: 1610 OAK VIEW DR.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HERNANDEZ, ANGEL
Address: 315 NORTH LOCKWOOD RIDGE RD.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: RAMIREZ, MARGARITO
Address: 6414 6TH ST. W.
City-St-Zip: BRADENTON, FL 34207

Title: SD () Delete
Name: GONZALEZ, LIDIA
Address: 4009 SCHWALBE DR. UNIT 121
City-St-Zip: SARASOTA, FL 34235

Title: VD () Delete
Name: PORTILLO, MIGUEL A
Address: 101 FAITH AVE.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LIDIA GONZALEZ

SD

02/03/2009

Electronic Signature of Signing Officer or Director

Date