



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90010 028 \*\*\*\*61.25

<b>DOCUMENT # N02000006516</b> 1. Entity Name <b>THE FIRST FILIPINO-AMERICAN BAPTIST CHURCH OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>12300 NE 6TH CT NORTH MIAMI, FL 33161 US</b>			Mailing Address <b>12300 NE 6TH CT NORTH MIAMI, FL 33161 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02132008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>65-0694241</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EVANS, THOMAS M 10311 SW 20 CT MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIBUCAO, RAYMUND</b> <b>1938 NW 74 AVE</b> <b>PEMBROKE PINES, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VALDEZ, FELIX</b> <b>838 W 47th STREET</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCEO, JORGE JR</b> <b>15211 SW 46 STREET</b> <b>MIRAMAR, FL 33027</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>EVANS, THOMAS M</b> <b>10311 SW 20 CT</b> <b>MIRAMAR, FL 33025</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVANS, THOMAS M</b> <b>10311 SW 20 CT</b> <b>MIRAMAR, FL 33025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ILETOS, JOEL V</b> <b>685 NE 93RD STREET</b> <b>MIAMI SHORES, FL 33138</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ILETO, JOEL V</b> <b>685 NE 93RD STREET</b> <b>MIAMI SHORES, FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ENOBAL, JIMMY</b> <b>1403 SW 161 AVE</b> <b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ENOBAL, JIMMY</b> <b>1403 SW 161 AVENUE</b> <b>PEMBROKE PINES, FL 33027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUENCONSEJO, RODRIGO N</b> <b>9424 NE 1ST AVENUE</b> <b>MIAMI SHORES, FL 33138</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUENCONSEJO, RODRIGO N</b> <b>9424 NE 1st AVENUE</b> <b>MIAMI SHORES, FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Rodrigo N. Buenconsejo</b>  <b>10 Feb 08</b> <b>(305)876-0268</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					