

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02384	
1. Entity Name PRIMERA IGLESIA BAUTISTA HISPANA DE HIALEAH, INC.	

Principal Place of Business 1650 WEST 68TH STREET HIALEAH, FL 33014	Mailing Address 1650 WEST 68TH STREET HIALEAH, FL 33014
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04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0156199	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JUSTAMANTE, RAMON REV 1650 WEST 68TH STREET HIALEAH, FL 33014

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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** _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	000000147420 05/03/04-80105-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUIZ, JUAN 4509 N.W. 185 STREET MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES, RAMONA 3544 WEST 74TH PLACE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ, MANUEL M 851 EAST 12TH PLACE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>Manuel M Perez</i>	<i>4-28-04 (305) 362-8329</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #