2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N02384

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

Principal Place of Business	Mailing Address
1650 WEST 68TH STREET HIALEAH, FL 33014	1650 WEST 68TH STREET HIALEAH, FL 33014

02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0156199
☐ Applied For
☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (if NOT Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RUIZ, JUAN
STREET ADDRESS	4509 N.W. 185 STREET
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	PD
NAME	MORALES, RAMONA
STREET ADDRESS	3544 WEST 74TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	SD
NAME	PEREZ, MANUEL M
STREET ADDRESS	851 EAST 12TH PLACE
CITY-ST-ZIP	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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U00000718247
05/01/07-80015-001 61.25

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: Manuel M Perez 4-5-07 305-362-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #