

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N02384 1. Entity Name PRIMERA IGLESIA BAUTISTA HISPANA DE HIALEAH, INC.	
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Principal Place of Business 1650 WEST 68TH STREET HIALEAH, FL 33014	Mailing Address 1650 WEST 68TH STREET HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE

03272008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

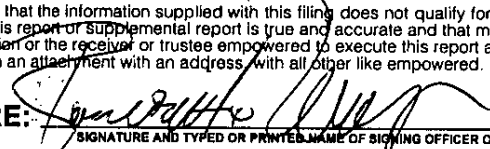
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000896133 04/18/08-80043-017 61.25
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10. OFFICERS AND DIRECTORS

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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IN THIS SPACE**

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:  **4/2/08 305-3628329**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #