


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009795
1. Entity Name
IGLESIA BAUTISTA DE LA TRINIDAD, INC.



Principal Place of Business
**508 SAND AVENUE
APOPKA, FL 32703**

Mailing Address
**1166 MILL RUN CIR
APOPKA, FL 32703**



02212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
45-0526892 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERRERA, LIBRADO
24324 STRAWBERRY AVE
SORRENTO, FL 32776**

**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 *Librado H. Herrera* DATE **2-22-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U00000447923
03/08/06-80076-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, LIBRADO 24324 STRAWBERRY AVE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JORGE G 24326 STRAWBERRY AVE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPIN, ALFREDO 2510 SANDALWOOD DR FERN PK, FL 32730
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: *Librado H. Herrera* Date **2-22-06** Daytime Phone # **407-884-0029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR