


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90080 001 *****8.75
 07-21-2006 90080 002 *****61.25

DOCUMENT # N03746					
1. Entity Name FIRST SPANISH ASSEMBLY OF LEHIGH ACRES, INC.					
Principal Place of Business 2219 JOEL BLVD LEHIGH ACRES, FL 33972			Mailing Address PO BOX 609 LEHIGH ACRES, FL 33970 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07132006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VELAZQUEZ, WILFREDO 620 TARAPIN AVE LEHIGH ACRES, FL 33936			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELAZQUEZ, WILFREDO		NAME		
STREET ADDRESS	620 TARAPIN AVE		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDERO, EVANGELINA		NAME		
STREET ADDRESS	12947 FIRST ST		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, LUIS		NAME		
STREET ADDRESS	20 DESERT CANDLE CR		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, CLARA		NAME		
STREET ADDRESS	341 E JOEL BLVD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AROCHO, LISSETTE		NAME		
STREET ADDRESS	1107 ADELIN AVE		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Wilfredo Velazquez</i>			Date: 7/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 239-7285440		