


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N03746 1. Entity Name FIRST SPANISH ASSEMBLY OF LEHIGH ACRES, INC.	
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Principal Place of Business 2219 JOEL BLVD LEHIGH ACRES FL 33972	Mailing Address PO BOX 609 LEHIGH ACRES FL 33970 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number NO-T 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 VELAZQUEZ, WILFREDO 620 TARAPIN AVE LEHIGH ACRES FL 33936	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 VELAZQUEZ, WILFREDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, WILFREDO	NAME	U00000628488
STREET ADDRESS	620 TARAPIN AVE	STREET ADDRESS	02/16/07-80017-005 61.25
CITY - ST - ZIP	LEHIGH ACRES FL 33936	CITY - ST - ZIP	
TITLE	D GARCIA, LUIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LUIS	NAME	U00000628488
STREET ADDRESS	20 DESERT CANDLE CR	STREET ADDRESS	02/16/07-80017-006 8.75
CITY - ST - ZIP	LEHIGH ACRES FL 33936	CITY - ST - ZIP	
TITLE	D MARTINEZ, CLARA <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 AROCHO, LISSETTE <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	
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 Section 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:  239-462-5464

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