

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03746

FILED
Mar 19, 2009
Secretary of State

Entity Name: FIRST SPANISH ASSEMBLY OF LEHIGH ACRES, INC.

Current Principal Place of Business:

2219 JOEL BLVD
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

PO BOX 609
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELAZQUEZ, WILFREDO
620 TARAPIN AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

VELAZQUEZ, WILFREDO PD
620 TARAPIN AVE
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: WILFREDO VELAZQUEZ

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VELAZQUEZ, WILFREDO
Address: 620 TARAPIN AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: GARCIA, LUIS
Address: 20 DESERT CANDLE CR
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: MARTINEZ, CLARA
Address: 341 E JOEL BLVD
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D (X) Delete
Name: AROCHO, LISSETTE
Address: 1107 ADELINE AVE
City-St-Zip: LEHIGH ACRES, FL

Title: D (X) Delete
Name: LLANO, JULIO A
Address: 805 PERRY AVE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AROCHO, LISSETTE M
Address: 1107 ADELINE AVE
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LLANO, JULIO A
Address: 805 PERRY AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISSETTE M. AROCHO

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date