


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 033 ****70.00

DOCUMENT # N04000001729			
1. Entity Name IGLESIA BAUTISTA FILADELFIA, INC.			
Principal Place of Business 7801 NW 178 ST HIALEAH, FL 33015		Mailing Address 7801 NW 178 ST HIALEAH, FL 33015	
2. Principal Place of Business 7801 N.W. 178 ST Suite, Apt. #, etc.		3. Mailing Address 2660 W. 72 ST Suite, Apt. #, etc.	
City & State HIALEAH, FL.		City & State HIALEAH, FL.	
Zip 33015		Country MIAMI-DADE	
Zip 33016		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent REINER, EDUARDO L 2660 W 72 ST HIALEAH, FL 33016		7. Name and Address of New Registered Agent	
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.		4. FEI Number 34-2051695	
SIGNATURE: <i>Eduardo Reiner</i> Signature, typed or printed name of registered agent and title if applicable.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REINER, EDUARDO L 7801 NW 178 ST HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERUVIDES, OSCAR 7801 NW 178 ST HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTA MARINA, NEYRA 7801 NW 178 ST HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA F. CASO 7801 N.W. 178 ST HIALEAH, FL. 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REINER, LOIDA 7801 NW 178 ST HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APARARICIO, JOSE 7801 NW 178 ST HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XIOMARA GUZMAN 7801 N.W. 178 ST HIALEAH, FL. 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUZMAN, JORGE 7801 NW 178 ST HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Eduardo Reiner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/23/05 305-823-5580 Date Daytime Phone #	

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