## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002024

FILED Mar 20, 2009 Secretary of State

Entity Name: IGLESIA BAUTISTA WEST BROWARD, INC.

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 103				
PEMBRO	KE PINES, FL	33029		
Current Mailing Address:			New Mailing Address:	
	/ 54TH PLACE KE PINES, FL	33332		
FEI Number	: 34-1983670	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
20127 DE	A, JOSE M 54TH PL. KE PINES, FL	33332 US		
		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both.
II lile Olal	e of Florida.			,
	RE:	nic Signature of Registered Ag	gent	Date
SIGNATU	RE:			
SIGNATU  OFFICER  Title: Name: Address:	RE: Electron  S AND DIREC  PD () SANTANA, JOS 20127 DE 54TH	TORS:  Delete E M		Date
SIGNATU	RE: Electron  S AND DIREC  PD () SANTANA, JOS 20127 DE 54TH PEMBROKE PI  TD () GARRIDO, LUIS 20841 JOHNSO	TORS:  Delete  E M  PL.  NES, FL 33332	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electron  S AND DIREC  PD () SANTANA, JOS 20127 DE 54TH PEMBROKE PI  TD () GARRIDO, LUIS 20841 JOHNSO PEMBROKE PI  SD () SANTANA, STE 20127 DE 54TH	TORS:  Delete E M H PL. NES, FL 33332  Delete S C DN STREET, STE. 103 NES, FL 33029  Delete PHANY	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR ( ) Change ( ) Addition

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: JOSE MIGUEL SANTANA PD 03/20/2009