2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010582

FILED Jan 24, 2009 Secretary of State

Entity Nam	ie: PRIMER <i>i</i>	NIGLESIA BAUTISTA HISPANA DE ST	. CLOUD, INC.	
Current Principal Place of Business:			New Principal Place of Business:	
1717 13TH ST. CLOUE				
Current Ma	ailing Addres	s:	New Mailing Address:	
PO BOX 70 SAINT CLC	2656 UD, FL 3477	0		
FEI Number:	73-1718034	FEI Number Applied For () FEI Nu	mber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
CASILLAS, 613 ROYAL KISSIMMEE		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:				
	Electron	ic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	T () CASILLAS, EZE 613 ROYAL PA KISSIMMEE, FI	LM DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () TORRES, ANTO 2414 SWEETW SAINT CLOUD,	ATER BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () RODRIGUEZ, L 757 CALIFORN ORLANDO, FL	IA WOODS CIR	Title: Name: Address: City-St-Zip:	() 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: LUIS M RODRIGUEZ T 01/24/2009