


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N05000000521	
1. Entity Name IGLESIA BAUTISTA RENACER DE WPB, INC	

Principal Place of Business 301 CHERRY RD W PALM BEACH, FL 33409	Mailing Address 301 CHERRY RD W PALM BEACH, FL 33409
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01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2526871	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

LLANES, HECTOR
 305 LAKEVIEW DR E
 ROYAL PALM BEACH, FL 33411

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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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JAVIER F 203 FOXTAIL DR - # 2A GREENACRES, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORTES, ISRAEL 2112 LONGWOOD RD W PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FERRER, CLEMENTE 712 PATRIC DR W PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLANES, HECTOR 305 LAKEVIEW DR E ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/30/07-80094-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3-07-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #