

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004551

FILED
Jan 30, 2006
Secretary of State

Entity Name: PRIMERA IGLESIA BAUTISTA HISPANA DE INDIANTOWN, INC.

Current Principal Place of Business:

15174 S.W. YALAHA STREET
INDIANTOWN, FL 34956

New Principal Place of Business:

150TH AND SHAWNEE ST
INDIANTOWN, FL 34956

Current Mailing Address:

15364 S.W. YALAHA STREET
INDIANTOWN, FL 34956

New Mailing Address:

PO BOX 2038
INDIANTOWN, FL 34956

FEI Number: 65-1094550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRERO, ROLANDO
15364 S.W. YALAHA STREET
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

WILLIAMS, ISABEL
1057 SW DALTON AVE
PORT ST LUCIE, FL 34953 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: ISABEL WILLIAMS

01/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARRERO, ROLANDO
Address: 15364 S.W. YALAHA STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: ST () Delete
Name: MARRERO, MIGDALIA
Address: 15364 S.W. YALAHA STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: M () Delete
Name: LOPEZ, HILARIO
Address: 15364 S.W. YALAHA STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, HILARIO
Address: 15142 SW CHICKEE ST
City-St-Zip: INDIANTOWN, FL 34956

Title: VP (X) Change () Addition
Name: JIMENEZ, TOMAS
Address: 856 SW TROUVILLE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TR (X) Change () Addition
Name: ISAGUIRRE, MARTHA
Address: 2297 SE MONROE ST
City-St-Zip: STUART, FL 34997

Title: ST () Change (X) Addition
Name: WILLIAMS, ISABEL
Address: 1057 SW DALTON AVE
City-St-Zip: PORT ST LUCIE, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the 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: ISABEL WILLIAMS

ST

01/30/2006

Electronic Signature of Signing Officer or Director

Date