


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90022 015 \*\*\*\*61.25

<b>DOCUMENT # N06000000193</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF HIALEAH GARDENS INC.</b>					
Principal Place of Business <b>13090 N.W. 107TH AVE. HIALEAH GARDENS, FL 33018</b>			Mailing Address <b>13090 N.W. 107TH AVE. HIALEAH GARDENS, FL 33018</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>03-0577674</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RAMIREZ, OSCAR 13090 NW 107TH AVE HIALEAH GARDENS, FL 33018</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAMIREZ, OSCAR DR</b>		NAME		
STREET ADDRESS	<b>13090 N.W. 107TH AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33018</b>		CITY-ST-ZIP		
TITLE	<b>V</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LLANOS, ISRAEL</b>		NAME		
STREET ADDRESS	<b>13090 N.W. 107TH AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33018</b>		CITY-ST-ZIP		
TITLE	<b>V</b> <input type="checkbox"/> Delete		TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUSTAVO, GUSTAVO</b>		NAME	<b><del>OSCAR</del> PEREZ, GUSTAVO</b>	
STREET ADDRESS	<b>13090 N.W. 107TH AVE.</b>		STREET ADDRESS	<b>13090 NW 107 AVE</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33018</b>		CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>	
TITLE	<b>ST</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VALHUERDI, PAULA</b>		NAME		
STREET ADDRESS	<b>13090 NW 107TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33018</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Oscar Ramirez Oscar Ramirez</b> 1/27/08    305-807-4603					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					