

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000327

FILED  
Jun 09, 2010  
Secretary of State

**Entity Name:** FIRST HISPANIC PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

4650 SW 30TH AVENUE  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15495  
PLANTATION, FL 333185495

**New Mailing Address:**

**FEI Number:** 26-4236354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VEGA-FELICIANO, GERMAN REV.  
17895 SW 35TH DRIVE,  
MIRAMAR,, FL 33029 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: REV.  
Name: VEGA-FELICIANO, GERMAN  
Address: 17895 SW 35TH DRIVE,  
City-St-Zip: MIRAMAR,, FL 33029

Title: DIR  
Name: FERNANDEZ, EVELYN  
Address: 17895 SW 35TH DRIVE  
City-St-Zip: MIRAMAR, FL 33029

Title: DIR  
Name: MEDEL, SILVIA  
Address: 3050 SUNRISE LAKE DRIVE #203  
City-St-Zip: SUNRISE, FL 33322

Title: SEC  
Name: TAURIZ, MARIA  
Address: 248 NE 39TH COURT  
City-St-Zip: POMPANO BEACH, FL 33064

Title: TRE  
Name: MALDONADO, CARMEN  
Address: 6209 SW 194TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33332

I hereby 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 all other like empowered.

SIGNATURE: CARMEN MALDONADO

TRE

06/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date