

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007492

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: IGLESIA BAUTISTA SUWANNEE INC.

**Current Principal Place of Business:**

19112 74 STREET  
LIVE OAK, FL 32060

**New Principal Place of Business:**

19112 74 ST  
LIVE OAK, FL 32060

**Current Mailing Address:**

19112 74 STREET  
LIVE OAK, FL 32060

**New Mailing Address:**

10413 US HWY 129 S  
LIVE OAK, FL 32064

FEI Number: 20-5280419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATISTA, TERESA  
19112 74 STREET  
LIVE OAK, FL 32060 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: P ( ) Delete  
Name: GONZALEZ, ALEXANDER O  
Address: 17708 136 STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete  
Name: MALDONADO, CARLOS A  
Address: 2009 COTTAGE AVENUE S.W  
City-St-Zip: LIVE OAK, FL 32064

Title: T ( ) Delete  
Name: PADRON, ROBERTO  
Address: 19112 74 STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: S ( ) Delete  
Name: GONZALEZ, MAYRA  
Address: 17708 136 STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: VSD ( ) Delete  
Name: BATISTA, TERESA  
Address: 19112 74TH STREET  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAYRA GONZALEZ

SEC.

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date