

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Sep 02, 2008 8:00 am
Secretary of State

08-11-2008 90121 024 ****61.25

DOCUMENT # N07000009802			
1. Entity Name IGLESIA BAUTISTA CRISTO LA UNICA ESPERANZA, INC.			
Principal Place of Business 3801 SW 97TH. STREET MIAMI, FL 33163		Mailing Address 3801 SW 97TH. STREET MIAMI, FL 33163	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12780 SW 26 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Florida	
Zip	Country	Zip 33175	Country
4. FEI Number 26-1189340		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, NURIS 2820 SW 95TH. AVENUE MIAMI, FL 33165		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when appointing)			
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORIYON, ESTEBAN 12780 SW 26TH. STREET MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA MARYLIN IBOUCHOUKENE 12470 SW 189 St Miami, FL 33177 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOULARY, EVA 12277 SW 31TH. TERRACE MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA RODRIGUEZ, NURIS 2820 SW 95TH. AVENUE MIAMI, FL 33175 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>ESTEBAN MORIYON</u> 08/05/08 305-6967714 Signature and typed or printed name of signing officer or director Date Day and Phone #			

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