

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010653

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** PRIMERA IGLESIA BAUTISTA HISPANA DE CAPE CORAL, INC.

**Current Principal Place of Business:**

431 SE 24TH ST.  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

431 SE 24TH ST.  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

431 SE 24TH ST.  
CAPE CORAL, FL 33990

**FEI Number:** 27-1228423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, ASael  
431 SE 24TH ST.  
CAPE CORAL, FL 33990 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: PD  
Name: GONZALEZ, ASael  
Address: 431 SE 24TH ST.  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: TD  
Name: AGUILERA, JULIO G  
Address: 2613 ASTWOOD CT  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: SD  
Name: GONZALEZ, PASCUAL  
Address: 428 SE 29TH ST.  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S  
Name: SUAREZ, DAVID  
Address: 4111 SW 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T  
Name: GONZALEZ, SYLVIA  
Address: 613 NE 2ND AVE  
City-St-Zip: CAPE CORAL, FL 33909 US

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:** ASael GONZALEZ

PD

04/09/2012

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

\_\_\_\_\_  
Date