


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15021**  
 1. Entity Name  
 IGLESIA BAUTISTA DE NORTH MIAMI, INC.



Principal Place of Business      Mailing Address  
 15395 NORTH MIAMI AVE      15395 NORTH MIAMI AVE  
 MIAMI, FL 33169 US      MIAMI, FL 33169 US



05172006 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0138009      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PEREDA, JOSE I.  
 46 NE 171 TERR  
 NO MIAMI BCH, FL 33162

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREDA, JOSE I 46 NE 171 TERR NO MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAVEZ, JORGE 1811 NW 135TH ST N. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREDA, JOSE S. 200 E. 63RD ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIERRA, GERARDO 1941 NE 159 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565824  
 05/22/06-80015-005 70.00

**DO NOT WRITE IN THIS SPACE**

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 817, 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: Jose I. Pereda      5-17-06      305-949-7235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #