


FILED
Apr 10, 2008 08:00 A
Secretary of State

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

DOCUMENT # N19889 1. Entity Name "IGLESIA BAUTISTA HISPANA MIAMI BEACH", INC.	
--	---

Principal Place of Business 1185 71ST ST. MIAMI BEACH, FL 33141 US	Mailing Address 1185 71ST ST. MIAMI BEACH, FL 33141 US
--	--

DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2787236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LANDERA, UMBELINA G
 7135 COLLINS AVE APT #732
 MIAMI BEACH, FL 33141

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 *Umbelina G. Landera* *Umbelina G. Landera* 4-07-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U00000888536
 04/22/08-80017-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FERNANDEZ, DIANA
STREET ADDRESS	3185 SHERIDAN AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T
NAME	MOLINERO, CARLOS
STREET ADDRESS	420 N.W. 128TH STREET
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	V
NAME	ALEMANY, ISABEL
STREET ADDRESS	9017 BYRON AVENUE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	V
NAME	MERAZ, ONELIA
STREET ADDRESS	3185 SHERIDAN AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Umbelina G. Landera* *Umbelina G. Landera* 4-07-08 305)864-5093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Phone #