


FILED  
Apr 28, 2005 8:00 am  
Secretary of State

04-28-2005 90177 013 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|   |                       |  |   |   |  |
|---|-----------------------|--|---|---|--|
| <b>DOCUMENT # N24068</b>  |                       |  |   |                |  |
| 1. Entity Name<br><b>PRIMERA IGLESIA BAUTISTA HISPANA OF WEST PALM BEACH, INC.</b>  |                       |  |   |   |  |
| Principal Place of Business<br><b>5423 LAKE AVENUE AT BUNKER RD.<br/>WEST PALM BEACH, FL 33405</b>  |                       | Mailing Address<br><b>5423 LAKE AVENUE AT BUNKER RD.<br/>WEST PALM BEACH, FL 33405</b> |   |   |  |
| 2. Principal Place of Business  |                       | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                       | City & State   |   |   |  |
| Zip   | Country               | Zip  | Country   | 4. FEI Number<br><b>65-0031342</b>  |  |
|   |                       |  |   | Applied For<br>Not Applicable   |  |
|   |                       |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>PEREA, JOSEFINA DR.<br/>5423 LAKE AVE. OF BUNKER RD.<br/>WEST PALM BEACH, FL 33405</b>  |                       |  |   | 7. Name and Address of New Registered Agent   |  |
|   |                       |  |   | Name  |  |
|   |                       |  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |                       |  |   | 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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____  |                       |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>    |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
|   |                       | Make check payable to<br>Florida Department of State                                   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE   | D                     | <input checked="" type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PEREZ, PRISCILLA      |  | NAME  | Gustavo Jimenez   |  |
| STREET ADDRESS  | 6434 TRAVIS RD. L.C.S |  | STREET ADDRESS  | 842 Selkirk St  |  |
| CITY-ST-ZIP   | WEST PALM BCH, FL     |  | CITY-ST-ZIP   | West Palm Beach, FL 33405   |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   | D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | TOME, JUAN            |  | NAME  | Tome, Juan  |  |
| STREET ADDRESS  | 923 LYTLE ST          |  | STREET ADDRESS  | 130 Doolen Ct. # 310 E  |  |
| CITY-ST-ZIP   | WEST PALM BCH, FL     |  | CITY-ST-ZIP   | North Palm Beach, FL 33408  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | PEREA, DR. JOSEFINA   |  | NAME  |   |  |
| STREET ADDRESS  | 1411 SHORE DR.        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | WEST PALM BCH, FL     |  | CITY-ST-ZIP   |   |  |
| TITLE   |                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                       |  | NAME  |   |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   |   |  |
| TITLE   |                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                       |  | NAME  |   |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   |   |  |
| TITLE   |                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                       |  | NAME  |   |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Josefina Perea (Josefina Perea)</u> 4/25/05 (561)585-1678   |                       |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                       |  |   |   |  |