

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

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24068**

1. Entity Name  
**PRIMERA IGLESIA BAUTISTA HISPANA OF WEST PALM  
BEACH, INC.**



Principal Place of Business  
**5423 LAKE AVENUE AT BUNKER RD.  
WEST PALM BEACH, FL 33405**

Mailing Address  
**5423 LAKE AVENUE AT BUNKER RD.  
WEST PALM BEACH, FL 33405**



04022006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0031342** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEREA, JOSEFINA DR.  
5423 LAKE AVE. OF BUNKER RD.  
WEST PALM BEACH, FL 33405**

**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

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, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **TOME, JUAN**  
STREET ADDRESS **130 DOOLEN CT. #310 E**  
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D**  
NAME **PEREA, DR. JOSEFINA**  
STREET ADDRESS **1411 SHORE DR.**  
CITY-ST-ZIP **WEST PALM BCH, FL**

TITLE **D**  
NAME **GUSTAVO, JIMENEZ**  
STREET ADDRESS **842 SELKIRK ST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**U00000534421  
05/08/06-80012-010 61.25**

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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:**

*Josefina Perea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/06 (561)585-1678**  
Date Daytime Phone #