


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90022 017 ****61.25

DOCUMENT # N25122

1. Entity Name
IGLESIA EVANGELICA BAUTISTA, INCORPORATED



Principal Place of Business
**800 N.W. 40 AVE.
 GAINESVILLE, FL 32605**

Mailing Address
**800 N.W. 40 AVE.
 GAINESVILLE, FL 32605**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07072005 Chg-NP CR2E037 (10/03)

City & State
 Zip

City & State
 Zip

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DOMINGUEZ, NILO DAVID, REV
 800 NW 40 AVE.
 GAINESVILLE, FL 32605**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 7, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, NILO DAVID	
STREET ADDRESS	800 N.W. 40 AVE.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COLON, JONATHAN	
STREET ADDRESS	4107 N.W. 34TH PLA	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PINELL, MIGUEL X	
STREET ADDRESS	4216 NW 22 TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Zambrano	
STREET ADDRESS	7595 SW 84th Dr	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shakira colon	
STREET ADDRESS	7554 SW 84th Dr	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Elizabeth Zambrano Elizabeth Zambrano 07/13/05 352-318-1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #