


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90050 022 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOMINGUEZ, NILO DAVID. REV 800 NW 40 AVE. GAINESVILLE, FL 32605			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMINGUEZ, NILO DAVID	NAME	Dominguez, Nilo David		
STREET ADDRESS	800 N.W. 40 AVE.	STREET ADDRESS	3353 NW 25th Terrace		
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	Gainesville, FL 32605		
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAMBRANO, ELIZABETH	NAME	Zambrano, Elizabeth		
STREET ADDRESS	7595 SW 84TH DRIVE	STREET ADDRESS	8472 sw 80th Place		
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	Gainesville, FL 32608		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLON, SHAKIRA	NAME			
STREET ADDRESS	7554 SW 84TH DRIVE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	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 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: <u>Elizabeth Zambrano</u>		Elizabeth Zambrano		01/23/07 (352)318-1036	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	