

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 024 ****61.25

DOCUMENT # N30561

1. Entity Name

LA PRIMERA IGLESIA BAUTISTA DE MASCOTTE, INC.



Principal Place of Business

857 W MEYERS BV
PO BOX 98
MASCOTTE FL 34753

Mailing Address

857 W MEYERS BV
PO BOX 98
MASCOTTE FL 34753



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2944695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, FELICIANO FELIX
857 W MEYERS BV
MASCOTTE FL 34753

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 DP ☐ Delete
NAME RAMIREZ, FELICIANO FELIX
STREET ADDRESS 2843 STATE RD 50 (change of address)
CITY-ST-ZIP MASCOTTE FL 34753

TITLE T ☐ Delete
NAME NATHANIEL ELMORE, STEPHEN
STREET ADDRESS PO BOX 98 (change of address)
CITY-ST-ZIP MASCOTTE FL 34753

TITLE DS ☐ Delete
NAME RAMIREZ, MARIA GUADALUPE
STREET ADDRESS 2843 STATE RD 50 (change of address)
CITY-ST-ZIP MASCOTTE FL 34753

TITLE T ☐ Delete
NAME FIELD, ARDEN E
STREET ADDRESS 50 SEA FERN DR
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 247 Boca Ciega Rd.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 232 Boca Ciega Rd.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 247 Boca Ciega Rd.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Feliciano Felix Ramirez* 03-23-06 352-851-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #