

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30561

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: LA PRIMERA IGLESIA BAUTISTA DE MASCOTTE, INC.

## Current Principal Place of Business:

857 W MEYERS BV  
PO BOX 98  
MASCOTTE, FL 34753

## New Principal Place of Business:

857 W MEYERS BV  
MASCOTTE, FL 34753

## Current Mailing Address:

857 W MEYERS BV  
PO BOX 98  
MASCOTTE, FL 34753

## New Mailing Address:

857 W MEYERS BLVD  
PO BOX 98  
MASCOTTE, FL 34753

FEI Number: 59-2944695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, FELICIANO FELIX  
857 W MEYERS BV  
MASCOTTE, FL 34753 US

## Name and Address of New Registered Agent:

RAMIREZ, FELICIANO FELIX  
857 W MEYERS BLVD  
MASCOTTE, FL 34753 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RAMIREZ, FELICIANO FELIX  
Address: 247 BOCA CIEGA RD  
City-St-Zip: MASCOTTE, FL 34753

Title: T ( ) Delete  
Name: NATHANIEL ELMORE, STEPHEN  
Address: 232 BOCA CIEGA ROAD  
City-St-Zip: MASCOTTE, FL 34753

Title: DS ( ) Delete  
Name: RAMIREZ, MARIA GUADALUPE  
Address: 247 BOCA CIEGA ROAD  
City-St-Zip: MASCOTTE, FL 34753

Title: T ( ) Delete  
Name: FIELD, ARDEN E  
Address: 50 SEA FERN DR  
City-St-Zip: LEESBURG, FL 34788

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ELMORE, STEPHEN N  
Address: 232 BOCA CIEGA ROAD  
City-St-Zip: MASCOTTE, FL 34753

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIANO FELIX RAMIREZ

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date