2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N31124 1. Entity Name BIBLE CHURCH OF HIALEAH, INC. Principal Place of Business 7400 NM SOUTH RIVER DR B.3 7400 NM RIVER DR B.3 740									Secretary or State			
BIBLÉ CHURCH OF HIALEAH, INC. Application Additions Applications Applicatio	DOCUMENT # N31124								C	7-17-2006 9014	1 009 ****	' 70.00
Principal Place of Business 7400 NW SOUTH RIVER DR 7400 NW SOUTH RIV	1. Entity Name											
A400 WS SOUTH RIVER OR B3 3 B3 MEDLEY, FL 33166 US AMBIGING Address AMBIGING Address AMBIGING Address AMBIGING ADLER, FL 3406 US AMBIGIN	BIBLE CHURCH OF HIALEAH, INC.											
B.3 MEDLEY, FL 33166 US B.3 MEDLEY, FL 33166 US 2. Principal Place of Business 3. Melling Address Suita, Apt. #, otic. Suita, Apt. #, otic. City & State City & Sta	Principal Plac	ce of Busines:	S	Mailir	ng Address				4002	ງວິດຸຄ		
MEDLEY, FL 33166 US MEDLEY, FL 33166 US MEDLEY, FL 33166 US Milling Address Surie, Apt. #, dic. Surie, Apt. #, dic. City & State Applied For 65-0122936 A State Address of New Registered Agent To Name and Address of New Registered Agent Name // D/Z / / D A TYME / D Address of New Registered Agent Name // D/Z / D A New Registered Agent Name // D/Z / D A New Regi	7400 NW SOUTH RIVER DR 74											
2. Principal Place of Business 3. Mulling Address Suite, Apt. 4, etc.	1				-				· •			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci										al l H aid Hail Ciài Birli Cib ii		
City & State Ci	2. Principal Place of Business				3. Mailing Address						LINI SILI (1514 (1	
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address T. Name	Suite, Apt. #, etc.				Suite, Apt. #, etc.				07072006 Chg-NP CR2E037 (4/06)			
Country Country Country S. Certificate of Status Desired S. 8.75 Additional Fee Required	City & State			Ci	City & State				05 0400000			
Similar Signature September 6, 2006 September 6, 2006 Similar Si	Zip	Zip Country		Zi	Zip C		untry					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Physical Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent											
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	JULIO, PINEIRO A						Name MAIRIUA. JIMENEZ					
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, however present of registered agent and alle of apoktable. INDITERPORE DATE	5591 NW 201 ST.						Street A	Address (P.O. Box Number is N	ot Acceptable)		
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 Hall of Jimenez (Pastor) Signature, hoed or princed name of registered agent and side if applicable. (NOTE Registered Agent suprature required when rendering) Date Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Added to Fees Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE PD ADMES STREET ADDRESS 5591 NW 201 ST STREET ADDRESS 5591 NW 201 ST STREET ADDRESS 5591 NW 201 ST STREET ADDRESS 19494 SW 210 STREET STREET AD	CAROL GITY, FL 33055							01	6111 210	cmizz		
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 HARIO A. TIMENEZ POSTOR Signature, typed or printed name of registered agent and site if applicable. Filling Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD Change Addition NAME PINEIRO, JULIO SIRET ADDRESS 5591 NW 201 ST CAROL CITY, FL 33055 ITILE VD A. JIMENEZ CITY-S1-ZIP CAROL CITY, FL 33055 ITILE VD A. SIRET ADDRESS GITY-S1-ZIP MIAMI, FL 33187 ITILE TD AMAE SIRET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD ADDRESS TRUST FUND CONTRIBUTED CAROL CITY, FL 33055 CITY-S1-ZIP HIDAY: - FL - 33/B7 ITILE VD AMAE SIRET ADDRESS GITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP DELET MARIO ASSISTANCE OF SIRET ADDRESS CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP DELET MARIONESS CITY-S1-ZIP DELET MARIONESS CITY-S1-ZIP DELET MARIONESS THE ADDRESS THE ADDR									<u> 500 210.</u>		Zip.Coc	le. 00
THE Obligations of registered agent. SIGNATURE	8. The shows carried actity cultimits this statement for the aureas of above							11F) 1	nn	=	ニョンン	181
Filing Fee is \$61.25 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME PINEIRO, JULIO STREET ADDRESS CITY-ST-ZIP CAROL CITY, FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME JIMENEZ, RUTH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 Delete TITLE NAME STREET ADDRESS STREET A	the obligations of registered agent.											and accept
Filing Fee is \$61.25 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME PINEIRO, JULIO STREET ADDRESS CITY-ST-ZIP CAROL CITY, FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME JIMENEZ, RUTH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 Delete TITLE NAME STREET ADDRESS STREET A	Maria A Transport Francisco 1/2 and 1/2											
Trust Fund Contribution. Added to Fees Florida Department of State												
Trust Fund Contribution. Added to Fees Florida Department of State												
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE	_											
TITLE PD Delete TITLE PD Addition NAME PINEIRO, JULIO NAME PINEIRO, JULIO NAME PINEIRO, JULIO NAME PINEIRO, JULIO STREET ADDRESS					RS # 44				· · · · · · · · · · · · · · · · · · ·			
NAME PINEIRO, JULIO STREET ADDRESS 5591 NW 201 ST CAROL CITY, FL 33055 TITLE VD NAME JIMENEZ, MARIO A STREET ADDRESS 19494 SW 210 STREET CITY-ST-ZIP MIAMI, FL 33187 TITLE TD NAME JIMENEZ, RUTH STREET ADDRESS 19494 SW 210 STREET STREET ADDRESS 19494 SW 210 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE TD NAME STREET ADDRESS 19494 SW 210 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE SD PCHBROKE PINE FL 33024 TITLE SD ROWN Delete TITLE SD ROWN Delete TITLE SD ROWN Delete NAME STREET ADDRESS STR								-	ADDITIONS/CHANGE	S TO OFFICERS AND L	1	
CITY-ST-ZIP CAROL CITY, FL 33055 CITY-ST-ZIP MIDMI - FL - 33/87 TITLE VD Delete TITLE VD Change Addition NAME	NAME				A octor			111	RIO A. JIA	ノヒンノとこ	Jonany Change	Assistion
TITLE VD Delete TITLE VD DELET CHANGE Addition NAME JIMENEZ, MARIO A STREET ADDRESS 19494 SW 210 STREET CITY-S1-ZIP MIAMI, FL 33187 TITLE TD Delete TITLE NAME JIMENEZ, RUTH STREET ADDRESS 19494 SW 210 STREET CITY-S1-ZIP MIAMI, FL 33187 TITLE SD Delete TITLE NAME PINEIRO, BETSY STREET ADDRESS THEET A								194	945W 21	O STREET		
NAME JIMENEZ, MARIO A STREET ADDRESS 19494 SW 210 STREET CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP DEHE SUND # ZZO CITY-S1-ZIP DEH	CITY-ST-ZIP					CITY	-ST-ZIP	411	MI- FL.	33187	<u>.</u>	
STREET ADDRESS 19494 SW 210 STREET CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP MIAMI, FL 33196 CITY-S1-ZIP MIAMI, FL 33196 CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP MIAMI, FL 33187 CITY-S1-ZIP DEHELE SD DEHELE NAME PINEIRO, BETSY STREET ADDRESS 7491 DINE FL 33024 CITY-S1-ZIP DEHELE SD DEHELE NAME PINEIRO, BETSY STREET ADDRESS 74944 Sw 210 ST.		· =			☐ Delete		VD,	. >		Change	☐ Addition	
CITY-ST-ZIP MIAMI, FL 33187								1011	O MINETRO	7 _ p=		
TITLE TD Delete TITLE TD Change Addition NAME JIMENEZ, RUTH NAME TULIAN PINETICO Addition STREET ADDRESS 19494 SW 210 STREET STREET ADDRESS 7401 PINE BLVD. # ZZO CITY-ST-ZIP PEH BROKE PINE FL, 3302 # TITLE SD Delete TITLE NAME PINEIRO, BETSY NAME RUTH JIMENEZ STREET ADDRESS 5591 NW 201 ST STREET ADDRESS 19494 Sw 210 ST.		·										
NAME JIMENEZ, RUTH STREET ADDRESS 19494 SW 210 STREET CITY-S1-ZIP MIAMI, FL 33187 TITLE SD PINEIRO, BETSY STREET ADDRESS 5591 NW 201 ST NAME STREET ADDRESS STREET ADDRESS 57401 PINE BLVD. # ZZO PEHBROKE PINE FL, 33024 TITLE SD RUTH JIMENEZ STREET ADDRESS 5791 NW 201 ST STREET ADDRESS 19494 Sw 210 ST.	TITLE	TD			Delete				,, , <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	<u> </u>	Channe	☐ Addition
STREET ADDRESS 19494 SW 210 STREET	NAME	· · · · · · · · · · · · · · · · · · ·				NAM	E	· –	IAN PINE	ino	LE torrenge	
TITLE SD Delete TITLE SD SCHOOL PL STOCK PRODUCT PRO						STRE	ET ADDRESS	740	I PINE B	LKD . # 22	0	ا
NAME PINEIRO, BETSY STREET ADDRESS 5591 NW 201 ST NAME RUTH JIMENES 19494 Sw 210 ST.						CITY-ST-ZIP DE			IBROKE PINE FL. 33024			
STREET ADDRESS 5591 NW 201 ST STREET ADDRESS 19494 SW 210 ST.			BETCV		Delete				T	,	🔀 Change	Addition
								KUTT	41/1018082	2 57-		
	l-					•						

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 secute 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

LABRADOR, JULIO

HIALEAH, FL 33013

RAMOS, NORBERTO

NORTH MIAMI, FL 33162

400 NE 155 TERR

1071 E 20TH ST

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-SI-ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PASTOR)

☐ Delete

☐ Delete

07/11/06

DR. RoberToGONZAlez

BBIEZER PANDIELLO

8520 NW 174 ST MIAMI · FL, 330/S

575 W. 69 ST

HIDLEDM

(301)218-3044

33*014*

☐ Change

Change

Addition

Addition