


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43794**  
1. Entity Name  
**FIRST SPANISH CHURCH OF THE OPEN BIBLE, INC.**



Principal Place of Business <b>490 EAST 50TH STREET HIALEAH, FL 33013</b>	Mailing Address <b>490 EAST 50TH STREET HIALEAH, FL 33013</b>
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**DO NOT WRITE IN THIS SPACE**



02132005 No Chg-NP CR2E037 (10/03)

4. FEJ Number <b>65-0005650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAJIGAS, RALPH A.  
3540 WEST 1ST AVENUE  
HIALEAH, FL 33012**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

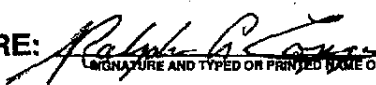
1100000232326  
02/16/05-80069-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRERO, MANUEL 4424 8TH COURT HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, IDELFONSO 415 E. 40TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JUAN 7101 WEST 24TH AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, ARMANDO 2618 WEST 64TH STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVAREZ, JIMMY 12515 SW 7TH PLACE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP CAJIGAS, RALPH A 3540 W. 1ST AVE. HIALEAH, FL 33012

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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:**  **Ralph A. Cajigas-Pastor** 2/14/05 305-688-0713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #