


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 024 ****70.00

DOCUMENT # N43794

1. Entity Name
FIRST SPANISH CHURCH OF THE OPEN BIBLE, INC.



Principal Place of Business
**490 EAST 50TH STREET
 HIALEAH, FL 33013**

Mailing Address
**490 EAST 50TH STREET
 HIALEAH, FL 33013**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0005650

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAJIGAS, RALPH A
 3540 WEST 1ST AVENUE
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name **N/A**

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ralph A. Cajigas* **Ralph A. Cajigas-Pastor** **1-4-08** **305-688-0713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #