


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N44165 1. Entity Name IGLESIA BAUTISTA DE POMPANO BEACH, INC.	
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Principal Place of Business 101 SOUTHWEST 17TH STREET POMPANO BEACH, FL 33060	Mailing Address 101 SOUTHWEST 17TH STREET POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



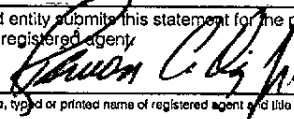
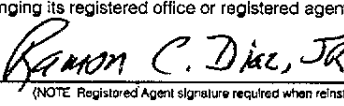
01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0275161	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAZ, RAMON C JR. 3730 N.W. 23 PL COCONUT CREEK, FL 33066
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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  	DATE 1-28-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

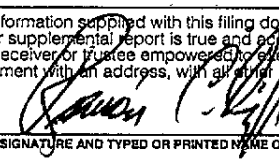
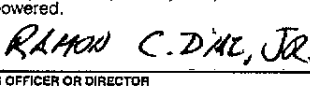
Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000208238 02/01/05-80070-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RAMON C 3730 N.W. 23 PL COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDEZ, MARIA ELENA 236 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEBALLOS, HUMBERTO 1660 SW 63 AVE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIMA, RUBEN 3621 NE 13TH AVE. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, ABEL 6948 NW 9TH STREET MARGATE, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  	DATE 1-26-05 954-687-7030
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	