


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N47344

1. Entity Name
IGLESIA BAUTISTA DE CARROLLWOOD, INC.



Principal Place of Business
2905 SMITTER ROAD
TAMPA, FL 33618 US

Mailing Address
2905 SMITTER RD
TAMPA, FL 33618 US

DO NOT WRITE IN THIS SPACE



08102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3113123	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEVES, LUIS
5021 OAKSHIRE DR
TAMPA, FL 33625

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

Filing Fee is \$61.25
Due by September 8, 2004

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

000000170024
 08/13/04-80001-001 75.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JORDAN, GUILLERMO 4727 WINDFLOWER CIR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANCHEZ, JOSE A. 15141 NIGHTHAWK DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARBOSA, YOLANDA 4501 RANCHWOOD LANE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTE, ROBERTO 21824 MIMS WAY LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ERIC 13705 STAGHORN RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f), 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: Guillermo Jordan **GUILLERMO JORDAN** Pastor 8/19/04 **813 962-6008**

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