

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47344

FILED
Mar 30, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA DE CARROLLWOOD, INC.

Current Principal Place of Business:

2905 SMITTER ROAD
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

2905 SMITTER ROAD
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3113123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIEVES, LUIS
5021 OAKSHIRE DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JORDAN, GUILLERMO
Address: 4727 WINDFLOWER CIR
City-St-Zip: TAMPA, FL 33624

Title: DT () Delete
Name: BARBOSA, ESMERALDO.,
Address: 4501 RANCHWOOD LANE
City-St-Zip: TAMPA, FL 33624

Title: DS () Delete
Name: BARBOSA, YOLANDA
Address: 4501 RANCHWOOD LANE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: CLEMENTE, ROBERTO
Address: 21824 MIMS WAY
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PEREZ, ERIC
Address: 13705 STAGHORN RD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO JORDAN

C

03/30/2009

Electronic Signature of Signing Officer or Director

Date