
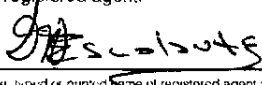
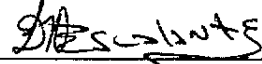


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000759</b> 1. Entity Name <b>FIRST SPANISH OPEN BIBLE CHURCH OF BROWARD, INC.</b>					
Principal Place of Business <b>4557 67 N PINE ISLAND RD SUNRISE FL 33351 US</b>			Mailing Address <b>P.O. BOX 450856 SUNRISE FL 33345 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0379631</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ESCALANTE, DORA 11140 NW 28 ST. SUNRISE FL 33322</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>2-20-06</b> <small>(NOTE: Registered Agent signature is required when reappointing)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>ESCALANTE, DORA</b> <b>11140 NW 28 ST.</b> <b>SUNRISE FL 33322</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000452957</b> <b>03/13/06-80020-021 61.25</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>CARDENAS, JOSE M</b> <b>3241 N.W. 107 DRIVE</b> <b>SUNRISE FL 33351</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>CARDENAS, YZVETTET</b> <b>7310 NW 58TH CT</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>ESCALANTE, RAUL</b> <b>11140 NW 28 ST.</b> <b>SUNRISE FL 33322</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>FAISURI, ROMERO</b> <b>378 NW 87 TERRACE</b> <b>PLANTATION FL 33324</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>OCASIO, CARMEN L</b> <b>8303 NW 57 PLACE</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>2-20-06</b> <small>Date</small>	