

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004423

FILED
Apr 05, 2006
Secretary of State

Entity Name: IGLESIA BAUTISTA INDEPENDIENTE, INC.

Current Principal Place of Business:

15078 SW 56 ST
MIAMI, FL 33185 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 833443
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-0441673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAITHWAITE, ARXAPHAD
9220 SW 149 CT
MIAMI, FL 331961675 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: PD () Delete
Name: BRAITHWAITE, ARXAPHAD
Address: 9220 SW 149 CT
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: RIVERA, ROBERTO
Address: 7118 SW 164 CT
City-St-Zip: MIAMI, FL 33193

Title: VD () Delete
Name: ROMAN, HUMBERTO
Address: 11340 SW 57 ST
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: ALVAREZ, TERESA J
Address: 2860 SW 140TH AVE.
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: NOVOA, JUAN CARLOS
Address: 16311 SW 96 TERRACE
City-St-Zip: MIAMI, FL 33196

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 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: ARXAPHAD BRAITHWAITE

PD

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date