
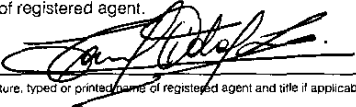
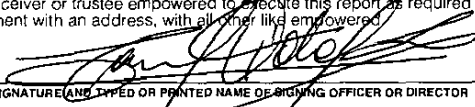


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90038 047 \*\*\*\*70.00

<b>DOCUMENT # N94000000423</b> 1. Entity Name <b>MISSION BAUTISTA HISPANA INC.</b>					
Principal Place of Business <b>1901 CORAL RIDGE DR CORAL SPRINGS, FL 33071</b>			Mailing Address <b>2930 FOREST HILLS BLVD APT 205 CORAL SPRINGS, FL 33077-0067</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>2983 NW 92 Ave.</b> Suite, Apt. #, etc.		
City & State City <b>CORAL SPRINGS, FL</b>			4. FEI Number <b>65-0912216</b>		
Zip <b>33065</b>			Country <b>USA</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>VIDAL, CAROL R 2930 FOREST HILLS BLVD APT 205 CORAL SPGS, FL 33065</b>			7. Name and Address of New Registered Agent Name <b>CAROL VIDAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2983 NW 92 Ave.</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>		
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>3/25/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIDAL, CAROL</b> <b>2930 FOREST HILLS BLVD, APT 205</b> <b>CORAL SPGS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIDAL, CAROL</b> <b>2983 NW 92 Ave.</b> <b>CORAL SPRINGS, FL. 33065</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GELABERT, MARY</b> <b>8112 NW 75 AVE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALDONADO, ENRIQUE</b> <b>8112 NW 75 AVE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALONSO, JAIRO</b> <b>11314 WEST SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PINEDO, MAX</b> <b>3100 RIVERSIDE DR</b> <b>CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>				Date <b>3/25/2004</b> (954) 796-2695 <small>Daytime Phone #</small>	

**54023954**

