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

FILED Aug 15, 2006 08:00 Al Secretary of State DOCUMENT # N94000532599 IGLESIA BAUTISTA JERICHO, INC Principal Place of Business Mailing Address 11960 N.W. 87 COURT 11542 NW 87 PL HIALEAH GARDENS FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For 4. FEI Number City & State City & State 65-0496357 Not Applicable Zφ \$8.75 Additional Country Zıp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NARANJO, ABEL Street Address (P.O. Box Number is Not Acceptable) 11542 NW 87 PL HIALEAH GARDENS FL 33016 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Florida Department of State Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. TITLE ☐ Delete TITLE Change Addition NARANJO, ABEL NAME 11542 NW 87TH PL STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition RIVERO, ANA 1770 W 44TH PL APT 309 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY: ST- ZIP CITY-SI-7IP Change ☐ Addition ☐ Delete THE GONADLES, ADELA NAME NAME STREET ADDRESS 8915 NW 120 ST STREET ADDRESS HIALEAH GARDENS FL 33018 CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NARANJO, MARIA NAME NAME 11542 NW 87TH PL STREET ADDRESS STREET ADDRESS HIALEAH GARDESN FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TILE NARANJO, MIRIAM NAME NAME 16252 SW 23 ST STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CTTY-ST-ZIP CITY ST - ZIP ☐ Delete Change [...] Addition TITLE THEF NAME NAM-STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

ABEL WARA JO 8-5-06 (35) 578-4899