2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004607

Apr 13, 2009 Secretary of State

Entity Name: IGLESIA BAUTISTA HISPANA RIVERSIDE, INC.

Current Principal Place of Business: New Principal Place of Business:

9815 SW 107 COURT MIAMI, FL 33176 US

Current Mailing Address: New Mailing Address:

9815 SW 107 COURT MIAMI, FL 33176

FEI Number: 65-0527481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUMENIUK, ERNESTO 4591 SW 154 AVE MIAMI, FL 33185

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete ZARATE, EDUARDO ZARATE, EDWARD Name: Name: Address: 28465 SW 158 COURT Address: 28465 SW 158 COURT City-St-Zip: HOMESTEAD, FL 33033 US City-St-Zip: HOMESTEAD, FL 33033 US

Title: () Delete Title: (X) Change () Addition Name: MIANI, GABRIELA Name: MIANI, GABRIELA Address: 14660 SW 107 TERR. Address: 14660 SW 107 TERR City-St-Zip: MIAMI, FL 33186 US City-St-Zip: MIAMI, FL 33186 US

() Delete Title: Title: (X) Change () Addition

NUNEZ, ADA NUNEZ, ADA Name: Name:

15943 SW 82ND STREET 15943 SW 82HD STREET Address: Address: City-St-Zip: MIAMI, FL 33193 US City-St-Zip: MIAMI, FL 33193 US

() Change (X) Addition Title: () Delete Title:

Name: Name: PALMA, RENE Address: Address: 4722 SW 162 PLACE City-St-Zip: City-St-Zip: MIAMI, FL 33185 US

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: EDWARD ZARATE Т 04/13/2009