

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005757

1. Entity Name
**PRIMERA IGLESIA CRISTIANA CONGREGACIONAL DE
PLANT CITY, INC.**



Principal Place of Business

**908 E REYNOLDS ST
PLANT CITY, FL 33565 US**

Mailing Address

**P.O. BOX 536
PLANT CITY, FL 33564**



03262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3238635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTANA, JULIO A REV
3117 NELSON AVE
DOVER, FL 33527**

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IN THIS SPACE**

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

Julio A. Santana

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000950843
06/04/08-80008-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAGANN, DAVE
PO BOX 1290
BRANDON, FL 33509**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANTANA, JULIO A REV
908 E REYNOLDS ST
PLANT CITY, FL 33563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
TANNER, BOB
3006 BARRET AVE
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Julio A. Santana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08 (813)
754-5840
Date Daytime Phone #