


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 Mailing Address

908 E REYNOLDS ST P.O. BOX 536
 PLANT CITY, FL 33565 US PLANT CITY, FL 33564

DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3238635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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* DATE 5/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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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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* Date 5/11/08 Daytime Phone # (813) 754-0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR