


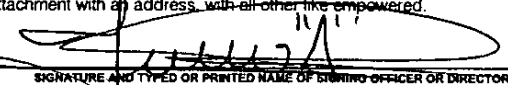


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 031 ****61.25

DOCUMENT # N95000002360 1. Entity Name IRA. IGLESIA BAUTISTA DE BRADENTON, INC.					
Principal Place of Business 1535 6TH AVE. EAST BRADENTON, FL 34208 US			Mailing Address 11009 BUD RHODEN RD. PALMETTO, FL 34221 US		
2. Principal Place of Business - No P.O. Box # 1501 7th Ave. E.		3. Mailing Address 955 53rd St. E. #1026			
Suite, Apt. #, etc. Bradenton, FL.		Suite, Apt. #, etc. Bradenton, FL.		05012008 Chg-NP CR2E037 (12/06)	
City & State FL		City & State FL		4. FEI Number 65-0581157	
Zip 34208		Zip 34208		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINO, CUTBERTO 2819 52ND AVE DR W BRADENTON, FL 34207				7. Name and Address of New Registered Agent Name FIDEL A. DIAZ Street Address (P.O. Box Number is Not Acceptable) 955 53rd St. E. #1026 City Bradenton FL Zip Code 34208	
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. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 5/1/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINO, CUTBERTO 2819 52ND AVE DR W BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIDEL A. DIAZ 1501 7th Ave. E. Bradenton, FL. 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARZA, MARTHA E 11009 BUD RHODEN RD. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELSY DIAZ 1501 7th Ave. E. Bradenton, FL. 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARZA, SERGIO 11009 BUD RHODEN RD. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACARENA NIETO 1561 7th Ave. E. Bradenton, FL. 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 5/1/08 (941) 400-2355 <small>Daytime Phone #</small>	