2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # N95000003309 1. Entity Name 04-16-2004 90114 006 ****61.25 PRIMERA IGLESIA BAUTISTA HISPANA DE BRANDON, INC. Principal Place of Business Mailing Address 507 AVOCADO CIR BRANDON FL 33510 204 W MORGAN ST BRANDON FL 33510-2536 24044895 2. Principal Place of Business 3. Mailing Address 1600 N. Taylor Rd Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 4. FEI Number City & State City & State Applied For 65-0597934 Brandon, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33510 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, DANIEL Street Address (P.O. Box Number is Not Acceptable) 507 AVOCADO CIR BRANDON FL 33510-2536 City Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE Change ORTIZ, DANIEL Ortiz, Daniel NAME NAME 204 W MORGAN ST 1600 N. Taylor Rd STREET ADDRESS STREET ADDRESS BRANDON FL 33510-2536 CITY-ST-ZIP CITY-ST-ZIP Brandon, FL 33510 ☐ Delete ☐ Change TITLE TITLE ☐ Addition GARCIA, SANDRA E NAME NAME 5202 A LEMON AVE STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIF CITY-ST-7IP Delete Tbine, Magalie__ Change **Addition** TITLE TITLE SANTIAGO: CARMENT NAME NAME Jaime, Magalie 1600 N TAYLOR RD STREET ADDRESS STREET ADDRESS 1600 N. Taylor Brandon, FL 33 BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP

FILED

DANIEL ORTIZ SIGNATURE: April 11, 2004 (813)654-0153 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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