

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-15-2006 90036 022 ****61.25

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DOCUMENT # N95000004008 1. Entity Name FIRST HISPANIC UNITED METHODIST CHURCH, INC.					
Principal Place of Business 4401 GARDEN AVENUE WEST PALM BEACH FL 33405			Mailing Address 4401 GARDEN AVENUE WEST PALM BEACH FL 33405		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 05-9080320				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 GIRAUD, GLADY'S 1161 WYNNEDALE CIR WEST PALM BEACH FL 33417			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW. FEE IS \$61.25 Due By May 1, 2006		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 GIRAUD, GLADYS 1161 WYNNEDALE CIR. WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, MARCOS 8215 PINE TREE LANE LAKE CLARK SHORES FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUEIRAS, ESTHER 6209 POND TREE CIR GREENACRES FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORRIN, JOSEFINA 3032 RIDGEWAY AVE WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ROLO 905 ANDREWS RD. WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VIERA, ARIEL 3010 SE BRIERWOOD PL STUART FL 34997	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Gladys Giraud</i> 2/29/06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					