


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90141 030 ****70.00

DOCUMENT # N95000004008
1. Entity Name
FIRST HISPANIC UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
**4401 GARDEN AVENUE
WEST PALM BEACH FL 33405** **4401 GARDEN AVENUE
WEST PALM BEACH FL 33405**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
301 1st Ave South **301 1st Ave South**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
Lake Worth Fl. **Lake Worth Fl.**
Zip Country Zip Country
33460 **USA.** **33460** **USA.**

4. FEI Number Applied For
05-9080320 Not Applicable
5. Certificate of Status Desired **\$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 **Caridad J. Gonzalez**
Street Address (P.O. Box Number is Not Acceptable)
8215 Pine Tree Lane
City **Lake Clark Shores** **FL** Zip Code
33406

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. **Caridad J. Gonzalez**
SIGNATURE **Caridad J. Gonzalez** DATE **3/20/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PD	GIRAUD, GLADYS	1161 WYNNEDALE CIR.	WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/>
VD	GONZALEZ, MARCOS	8215 PINE TREE LANE	LAKE CLARK SHORES FL 33406	<input checked="" type="checkbox"/>
S	FIGUEIRAS, ESTHER	6209 POND TREE CIR	GREENACRES FL 33463	<input type="checkbox"/>
D	GORRIN, JOSEFINA	3032 RIDGEWAY AVE	WEST PALM BEACH FL 33405	<input type="checkbox"/>
T	RODRIGUEZ, ROLO	905 ANDREWS RD.	WEST PALM BEACH FL 33405	<input type="checkbox"/>
C	VIERA, ARIEL	3010 SE BRIERWOOD PL	STUART FL 34997	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Gonzalez, Caridad J	8215 Pine Tree Lane	Lake Clark Shores FL 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Giraud, Alvaro	2926 Ashley Dr. East Apt. F.	West Palm Beach FL 33415	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Humberto Gonzalez** DATE: **3/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR