

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004008**

1. Entity Name

FIRST HISPANIC UNITED METHODIST CHURCH, INC.



Principal Place of Business

301 1ST AVE SOUTH  
LAKE WORTH FL 33460

Mailing Address

301 1ST AVE SOUTH  
LAKE WORTH FL 33460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-9080320

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALES, CARIDAD J  
8215 PINE TREE LANE  
LAKE CLARK SHORES FL 33406

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	GONZALES, CARIDAD J	
STREET ADDRESS	8215 PINE TREE LANE	
CITY- ST- ZIP	LAKE CLARK SHORES FL 33406	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIRAUD, ALVARO	
STREET ADDRESS	2920 ASHLEY DR E APT F	
CITY- ST- ZIP	WEST PALM BEACH FL 33415	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIGUEIRAS, ESTHER	
STREET ADDRESS	6209 POND TREE CIR	
CITY- ST- ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORRIN, JOSEFINA	
STREET ADDRESS	3032 RIDGEWAY AVE	
CITY- ST- ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROLO	
STREET ADDRESS	905 ANDREWS RD.	
CITY- ST- ZIP	WEST PALM BEACH FL 33405	
TITLE	C	<input type="checkbox"/> Delete
NAME	VIERA, ARIEL	
STREET ADDRESS	3010 SE BRIERWOOD PL	
CITY- ST- ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000838985
CITY- ST- ZIP	03/05/08-80052-022 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

*Caridad J. Gonzales*

2/12/08