

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # N96000000854

1. Entity Name
**PRIMERA IGLESIA BAUTISTA HISPANA, INC., PALM BAY,
FLORIDA.**



Principal Place of Business
**2503 CONTRY CLUB ROAD
MELBOURNE, FL 32901**

Mailing Address
**2503 CONTRY CLUB ROAD
MELBOURNE, FL 32901**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3375469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANOQUET, HIPLITO
1215 SERENADE STREET
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000364480
05/06/05-80043-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTIN, RUEDA
998 ALVION ST., N.W.
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGUIAR, JESUS FERNANDO
1259 NOLAN STREET, N.E.
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANOQUET, HIPOLITO
1215 SERENADE STRET
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-05

Date

Daytime Phone #