


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N96000003120	
<b>1. Entity Name</b> PRIMERA IGLESIA BAUTISTA HISPANA DE PALM COAST, INC.	

<b>Principal Place of Business</b> 5500 BELLE TERRE PARKWAY PALM COAST, FL 32137	<b>Mailing Address</b> 5500 BELLE TERRE PARKWAY PALM COAST, FL 32137
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03062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3392425	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  VARGAS, FRANCISCO REV 14 PINE ASH LANE P PALM COAST, FL 32164
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**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: Nilda Rosado Will R. Rosado 4/26/06  
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, 2006**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	D
<b>NAME</b>	VARGAS, FRANCISCO REV
<b>STREET ADDRESS</b>	14 PINE ASH LANE
<b>CITY - ST - ZIP</b>	PALM COAST, FL 32164
<b>TITLE</b>	TR
<b>NAME</b>	MENENDEZ, PEDRO
<b>STREET ADDRESS</b>	13 BRADMORE LN
<b>CITY - ST - ZIP</b>	PALM COAST, FL 32137
<b>TITLE</b>	TRS
<b>NAME</b>	ROSADO, NILDA
<b>STREET ADDRESS</b>	13 PATRIC DR
<b>CITY - ST - ZIP</b>	PALM COAST, FL 32164
<b>TITLE</b>	TT
<b>NAME</b>	ROMAN, ABISAI
<b>STREET ADDRESS</b>	43 CARLSON LN
<b>CITY - ST - ZIP</b>	PALM COAST, FL 32137
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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05/13/06-80006-016 70.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Will R. Rosado Nilda Rosado 4/26/06 (386) 446-8319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #