

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003120

1. Entity Name
**PRIMERA IGLESIA BAUTISTA HISPANA DE PALM
COAST, INC.**



Principal Place of Business
**5500 BELLE TERRE PARKWAY
PALM COAST, FL 32137**

Mailing Address
**5500 BELLE TERRE PARKWAY
PALM COAST, FL 32137**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3392425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARGAS, FRANCISCO REV
14 PINE ASH LANE
P
PALM COAST, FL 32164**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000611385
02/02/07-80059-019 70.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VARGAS, FRANCISCO REV 14 PINE ASH LANE PALM COAST, FL 32164 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR MENENDEZ, PEDRO 13 BRADMORE LN PALM COAST, FL 32137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRS ROSADO, NILDA 13 PATRIC DR PALM COAST, FL 32164 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT ROMAN, ABISAI 43 CARLSON LN PALM COAST, FL 32137 |
| 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/07 386-446 6825