

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 005 ****61.25

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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**

40109555



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3392425

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VARGAS, FRANCISCO REV**
STREET ADDRESS **14 PINE ASH LANE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **MENENDEZ, PEDRO**
STREET ADDRESS **13 BRADMORE LN**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRS** ☒ Delete
NAME **ROSADO, NILDA**
STREET ADDRESS **13 PATRIC DR**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **TRS** ☒ Change ☐ Addition
NAME **MAGDALENA VAZQUEZ**
STREET ADDRESS **32 PINE CROFT LANE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **TT** ☐ Delete
NAME **ROMAN, ABISAI**
STREET ADDRESS **43 CARLSON LN**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Francisco Vargas **FRANCISCO VARGAS** 7/3/08 446-8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #