2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

Jan 27, 2005 8:00 am **Secretary of State** DOCUMENT # N96000004957 01-27-2005 90056 028 ****61.25 LAS AMERICAS BAPTIST CHURCH, INC. Principal Place of Business Mailing Address **5619 SOUTH UNIVERSITY DRIVE** 5619 SOUTH UNIVERSITY DRIVE 50007423 **DAVIE, FL 33328** DAVIE, FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) 4. FEI Number 65-0695623 Applied For City & State City & State Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWAIM, WALTER R 6490 THOMAS STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33024 City 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. 1-17-05 SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE. name TODD, RICK NAME 2125 POLK STREET APT. 7 STREET ADDRESS STREET ADORESS HOLLYWOOD, FL: 33020 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition MONTERO, ARMANDO NAME: NAME 1220 NORTH 56 AVENUE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CABRAL, JOSE NAME NAME 4734 SW 46 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33314** CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE SWAIM, WALTER NAME NAME 6490 THOMAS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED