2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000001636

Entity Name: IGLESIA BAUTISTA HISPANA DE MANDARIN, INC.

Current Principal Place of Business:

1600 ASHLAND ST
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1600 ASHLAND ST
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3436670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESQUEDA, DAVID
4563 CRYSTAL BROOK WAY
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RASH, DOUGLAS
Address: 2451 THE WOODS DR.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: TR ( ) Delete
Name: MELO, JOSE
Address: 2860 SUTTON EAST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TR ( ) Delete
Name: OSORIO, LUIS
Address: 1750 SHERIDAN ST
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: V ( ) Delete
Name: ROSAS, FRANK
Address: 10787 DULAWAN DR.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S ( ) Delete
Name: RASH, NICKY
Address: 2451 THE WOODS DR.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: TR ( ) Delete
Name: SAENZ, FERNANDO A REV.
Address: 8832 CANOPY OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ESQUEDA MR. 04/15/2009

Electronic Signature of Signing Officer or Director — Date