

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001672

1. Entity Name

IGLESIA BAUTISTA HISPANA EL CONVENIO, INC.



Principal Place of Business

Mailing Address

2880 SE ASTER LN.
STUART FL 34994

1723 SE LAFAYETTE ST.
STUART FL 34997
US



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

65-0744178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALICEA, ANGEL L PASTOR
1723 SE LAFAYETTE ST.
STUART FL 34997

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME ALICEA, ANGEL L
STREET ADDRESS 1723 S.E LAFAYETTE ST.
CITY-STATE-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME W000000708786
STREET ADDRESS 04/24/07-80126-024 61.25
CITY-STATE-ZIP

TITLE ☐ Delete
NAME OSORIO, ORLANDO
STREET ADDRESS 8814 LUCAYA LANE
CITY-STATE-ZIP HOBE SOUND FL 33455

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

TITLE ☐ Delete
NAME ANDRADE, HECTOR DARIO
STREET ADDRESS 781 SW 36TH ST
CITY-STATE-ZIP PALM CITY FL 34990-0000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Angel L. Alcega

4-10 2007-772-2866745