

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002517

FILED
Apr 09, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA CENTRAL DE GREEN ACRES, INC.

Current Principal Place of Business:

200 SWAIN BLVD
GREEN ACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

200 SWAIN BLVD
GREEN ACRES, FL 33463

New Mailing Address:

FEI Number: 65-0784729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTAS, JOSE
6550 SPRING MEADOW DR.
GREENACRES, FL 33415 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: DP () Delete
Name: MONTAS, JOSE
Address: 6550 SPRING MEADOW DR.
City-St-Zip: GREENACRES, FL 33415

Title: O () Delete
Name: VICENTE, JOSE ANTONIO JR
Address: 3710 N. JOG RD #204
City-St-Zip: WEST PALM BEACH, FL 33411

Title: O () Delete
Name: BACA, FABIO
Address: 9549 MAJESTIC WAY
City-St-Zip: BOYNTON BEACH, FL 33463

Title: DV () Delete
Name: BRITO-DIAZ, LOYDA
Address: 6558 SPRING MEADOW DRIVE
City-St-Zip: GREENACRES, FL 33415

Title: DST () Delete
Name: APONTE, DALIA M
Address: 933 RYAN WOOD DR.
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: VICENTE, JOSE ANTONIO JR
Address: 3845 VICTORIA RD
City-St-Zip: WEST PALM BEACH, FL 33411

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

Title: DV (X) Change () Addition
Name: BRITO-DIAZ, LOYDA
Address: 6558 SPRING MEADOW DR
City-St-Zip: GREENACRES, FL 33415

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: DALIA M. APONTE

DST

04/09/2009

Electronic Signature of Signing Officer or Director

Date