

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003221
 1. Entity Name
 PRIMERA IGLESIA BAUTISTA HISPANA OF BOCA RATON, INC.



Principal Place of Business Mailing Address
 2360 N.W. 51ST ST. 2350 N.W. 51ST ST.
 BOCA RATON, FL 33431 BOCA RATON, FL 33431



04092005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
 65-0764514 Not Applicable

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

6. Name and Address of Current Registered Agent
 PRATTS, AUGUSTO
 2350 N.W. 51ST ST.
 BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000315259
 04/14/05-80104-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATTS, DAVID 15 HEATHER DRIVE BOYNTON BEACH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ALBA 78 NEWPORT E DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHILENA, VICTOR 22376 OVERTURE DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: AUGUSTO Pratts Quatoh 4-12-05 (561) 998-8360
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #