

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90003 003 \*\*\*\*61.25

**DOCUMENT # N97000004037**

1. Entity Name  
**IGLESIA BAUTISTA JESUS EL BUEN PASTOR INC.**



Principal Place of Business  
**5505 BAPTIST CHURCH RD  
TAMPA, FL 33610 US**

Mailing Address  
**5505 BAPTIST CHURCH RD  
TAMPA, FL 33610 US**

**50021648**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06052006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**65-0763526**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, MIGUEL  
1705 W HUMPHREY STREET  
TAMPA, FL 33604**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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 **VP** ☒ Delete  
NAME **CHACON, NISBEL**  
STREET ADDRESS **3729 AMBERMIST DR**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **PP** ☒ Change ☐ Addition  
NAME **Chacon Nisbel**  
STREET ADDRESS **3729 Ambermist Dr.**  
CITY-ST-ZIP **Tampa FL 33619**

TITLE **S** ☐ Delete  
NAME **MARTINEZ, MIGUEL**  
STREET ADDRESS **1705 W HUMPHRY STREET**  
CITY-ST-ZIP **TAMPA, FL 33604**

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

TITLE **D** ☐ Delete  
NAME **ESPINOZA, MIGUEL**  
STREET ADDRESS **8750 SYMMES RD, LOT 102**  
CITY-ST-ZIP **GIBSONTON, FL 33534**

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

TITLE **TR** ☐ Delete  
NAME **RIVERA, ELIZABETH**  
STREET ADDRESS **1705 W HUMP HREY ST**  
CITY-ST-ZIP **TAMPA, FL 33614**

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

TITLE **D** ☒ Delete  
NAME **GONZALEZ, YOCSAN**  
STREET ADDRESS **10210 DOUGLAS OAKS CIR, # 204**  
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Gonzalez, Yocsan**  
STREET ADDRESS **10210 Douglas Cir. #204**  
CITY-ST-ZIP **Tampa FL 33610**

TITLE **PP** ☒ Delete  
NAME **GONZALEZ, JUAN J**  
STREET ADDRESS **3729 AMBERMIST DR**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nisbel Chacon**

**6/28/06** **9314011**  
**(813) 6329798**