

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000007093

1. Entity Name
PRIMERA IGLESIA BAUTISTA LA FE, INC. DE PLANT
CITY



Principal Place of Business
509 N. EVERST
PLANT CITY, FL 33566 US

Mailing Address
PO BOX 747
PLANT CITY, FL 33564 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3501987

Applied For
Not Applicable

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

SORIA, RAMON
1809 SAGEBRUSH RD.
PLANT CITY, FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

See Attached

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 8, 2004**

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 D SANCHEZ, DIDIMO
NAME
STREET ADDRESS 204 PARK SPRING CIR #6
CITY-ST-ZIP PLANT CITY, FL 33567

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

900041571959
10/04/04-01045--006 **61.25

TITLE D GONZALEZ, NARCISO
NAME
STREET ADDRESS 2209 VALLEY BROOK
CITY-ST-ZIP VALRICO, FL 33594

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Oscar Valdez
11 Leaning Palm Ct
Plant City, FL 33563

TITLE D REYES, LUISA
NAME
STREET ADDRESS 3405 BOOT BAY RD.
CITY-ST-ZIP PLANT CITY, FL 33567

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Reyes

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Luisa Reyes Leticia Reyes

9/28/04 (813) 719-9749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 OCT -4 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





Division of Corporations

Annual Report

Page 1

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Business Entity Name

PRIMERA IGLESIA BAUTISTA LA FE, INC. DE PLANT CITY

FEI Number

593501987

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired Yes No

Principal Place of Business

Address

509 N. EVERST ST

Suite, Apt. #, etc.

City, State

PLANT CITY, FL

Zip Code & Country

33563 US

Mailing Address

Address

PO BOX 747

Suite, Apt. #, etc.

City, State

PLANT CITY, FL

Zip Code & Country

33564 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **SANCHEZ, DIDIMO**

-or- RA Business Name

Address

215 PARK SPRINGS CIRC. # 5

Suite, Apt. #, etc.

City, State

PLANT CITY, FL

Zip Code & Country

33566 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Dr. Didimo Sanchez
PASTOR*