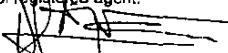


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 25, 2008 8:00 am
Secretary of State**

04-25-2008 90132 048 ****61.25

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 - No P.O. Box #		3. Mailing Address																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State		City & State																																					
Zip	Country	Zip																																					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																					
SANCHEZ, DIDIMO 215 PARK SPRINGS CIR #5 PLANT CITY, FL 33566		Name Sanchez, Didimo Street Address (P.O. Box Number is Not Acceptable) 503 W. Renfro St. City Plantcity FL 33563																																					
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) <small>DATE</small>																																							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State																																				
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td colspan="2"> TITLE D NAME SANCHEZ, DIDIMO STREET ADDRESS 503 W. RENFRO ST CITY-ST-ZIP PLANT CITY, FL 33563 </td> <td> <input type="checkbox"/> Delete </td> <td colspan="2"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td colspan="2"> TITLE D NAME GONZALEZ, ALMA STREET ADDRESS 14606 SYDNEY RD CITY-ST-ZIP DOVER, FL 33527 </td> <td> <input type="checkbox"/> Delete </td> <td colspan="2"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td colspan="2"> TITLE D NAME REYES, LUISA STREET ADDRESS 3405 BOOT BAY RD. CITY-ST-ZIP PLANT CITY, FL 33567 </td> <td> <input type="checkbox"/> Delete </td> <td colspan="2"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td colspan="2"> TITLE PA NAME CACEREZ, ALEDES REV. STREET ADDRESS 17855 JALESTOWN WAY CITY-ST-ZIP LUTZ, FL 33558 </td> <td> <input type="checkbox"/> Delete </td> <td colspan="2"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pa caceres, Alcides Rev. 17855 Jamestown Way Lutz, Fl. 33558 </td> </tr> <tr> <td colspan="2"></td> <td> <input type="checkbox"/> Delete </td> <td colspan="2"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td colspan="2"></td> <td> <input type="checkbox"/> Delete </td> <td colspan="2"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				TITLE D NAME SANCHEZ, DIDIMO STREET ADDRESS 503 W. RENFRO ST CITY-ST-ZIP PLANT CITY, FL 33563		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME GONZALEZ, ALMA STREET ADDRESS 14606 SYDNEY RD CITY-ST-ZIP DOVER, FL 33527		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME REYES, LUISA STREET ADDRESS 3405 BOOT BAY RD. CITY-ST-ZIP PLANT CITY, FL 33567		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE PA NAME CACEREZ, ALEDES REV. STREET ADDRESS 17855 JALESTOWN WAY CITY-ST-ZIP LUTZ, FL 33558		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pa caceres, Alcides Rev. 17855 Jamestown Way Lutz, Fl. 33558			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																							
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: 		4/14/08 (813)541-8176		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>																																		
				<small>Daytime Phone #</small>																																			