

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90024 024 \*\*\*\*61.25

<b>DOCUMENT # N99000002109</b> 1. Entity Name CONGREGACION MESIANICA HAR HA'BAYIT, INC.					
Principal Place of Business 600 W. OAK RIDGE RD., SUITE 2 ORLANDO, FL 32809			Mailing Address 600 W. OAK RIDGE RD., SUITE 2 ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3519502	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  REILLO, ROSE 4316 MILL CREEK PLACE KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name <u>CYNTHIA BAYON</u> Street Address (P.O. Box Number is Not Acceptable) <u>13026 Philadelphia Woods Lane</u> City <u>Orlando,</u> <u>FL</u> Zip Code <u>32824-9353</u>	
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 <u>Cynthia Bayon</u> <small>Signature must be printed name of registered agent and title if applicable.</small>		<u>Cynthia Bayon</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		<u>4-24-08</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURGOS-RIVERA, RAQUEL 12392 CORIANDER DR. ORLANDO, FL 328378503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pedro F. Berdeguer 9943 Spring Lake Drive Clearmont, FL 34711-1097		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GUZMAN, VIVIAN 225 IOWA WOODS CIR W ORLANDO, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rose Reillo 1316 Mill Creek Place Kissimmee, FL 34744		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEREZ, RAFAEL 509 47TH AVE E BRADENTON, FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Raquel Burgos-Rivera</u> <u>Raquel Burgos-Rivera</u> <u>4/24/08</u> <u>407-857-5382</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					