

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90061 044 \*\*\*158.75

DOCUMENT # P99000062311

1. Entity Name

IGLESIA BAUTISTA EL BUEN PASTOR, LEHIGH  
ACRES, INC.



Principal Place of Business

1102 LEELAND HEIGHTS BLVD.  
LEHIGH ACRES FL 33936

Mailing Address

PO BOX 505  
LEHIGH ACRES FL 33970-0505

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

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0942085

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

SANCHEZ, JUAN N  
1200 BROAD STREET, W  
SUITE I-20  
LEHIGH ACRES FL 33936

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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	D SANCHEZ, JUAN N 1200 BROAD STREET W., SUITE I-20 LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D REYES, SADIE 735 SULTAN AVE. OPA LOCKA FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D LEVIN, ROLF P.O. BOX 6644 FORT MYERS FL 33911-6644 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GONZALEZ, LEANDRO 516 SHADYSIDE ST. LEHIGH ACRES, FL. 33936
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GOMEZ, HECTOR I. 1505 HUNDALE ST. LEHIGH ACRES, FL. 33936
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07

Date

239-369-8183

Daytime Phone #

**ATTACHMENT**  
IGLESIA BAUTISTA EL BUEN PASTOR  
1102 E. LEE LAND HGHTS. BLVD.  
P.O. BOX 505  
LEHIGH ACRES, FL 33970-0505  
941-368-1914

FEBRUARY 9, 2007

40020507  
#P99000062311

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. Box 6850  
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

PLEASE, BE INFORMED OF THE FOLLOWING CHANGES TO THE OFFICERS  
AND DIRECTORS OF THIS CORPORATION::

1. MR. LEANDRO GONZALEZ IS REPLACING Ms. SADIE REYES, WHO  
IS NOT LONGER WITH US.
2. MR. HECTOR I. GOMEZ IS REPLACING MR. ROLF LEVIN, WHO IS  
NOT LONGER WITH US EITHER.

YOUR NECESSARY CORRECTIONS ON YOUR RECORD WILL BE APPRECIATED.

SINCERELY,

  
JUAN N. SANCHEZ  
DIRECTOR/TREASURER

CC:C/F