

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 65-0942085		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANCHEZ, JUAN N 1200 BROAD STREET, W SUITE I-20 LEHIGH ACRES FL 33936		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<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	D REYES, SADIE 735 SULTAN AVE. OPA LOCKA FL 33054 <input checked="" type="checkbox"/> Delete	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	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"/> 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 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:  **2/9/07** **239-369-8183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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