


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

**FILED**  
**Aug 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47344</b> 1. Entity Name IGLESIA BAUTISTA DE CARROLLWOOD, INC.	
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Principal Place of Business 2905 SMITTER ROAD TAMPA, FL 33618 US	Mailing Address 2905 SMITTER RD TAMPA, FL 33618 US
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**DO NOT WRITE IN THIS SPACE**



08102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3113123	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
NIEVES, LUIS  
5021 OAKSHIRE DR  
TAMPA, FL 33625

**DO NOT WRITE  
IN THIS SPACE**

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)	DATE
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<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000120024 08/13/04-80001-001 75.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C JORDAN, GUILLERMO 4727 WINDFLOWER CIR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT SANCHEZ, JOSE A. 15141 NIGHTHAWK DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS BARBOSA, YOLANDA 4501 RANCHWOOD LANE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CLEMENTE, ROBERTO 21824 MIMS WAY LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PEREZ, ERIC 13705 STAGHORN RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f), 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>  <b>GUILLERMO JORDAN Pastor</b> <b>8/19/04</b> <b>813 962-6008</b>	Date	Daytime Phone #
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