

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90078 015 ****61.25

DOCUMENT # N93000001276

1. Entity Name

PRIMERA IGLESIA HISPANA DISCIPULOS DE CRISTO DE

Principal Place of Business

Mailing Address

**3700 SCHUMACHER ROAD
 SEBRING FL 33870**

**3700 SCHUMACHER ROAD
 SEBRING FL 33872-2619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AGOSTO, FELIX
 3126 GROUPE DR
 SEBRING FL 33870**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	AGOSTO, FELIX	
STREET ADDRESS	3126 GROUPE DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVERA, LOYDA	
STREET ADDRESS	111 ORANGE RD NW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRUNO, EDGARDO	
STREET ADDRESS	6039 CALENDER CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AGOSTO, ROSA	
STREET ADDRESS	3126 GROUPE DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

Rosa Agosto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

treasurer

Date

Daytime Phone #

5-16-00 863 763-3041

CR2E037 (9/99)