

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91208 005 \*\*\*\*61.25

**DOCUMENT # N93000001276**

1. Entity Name

**PRIMERA IGLESIA HISPANA DISCIPULOS DE CRISTO DE SEBRING, INC.**

Principal Place of Business

Mailing Address

**3700 SCHUMACHER ROAD  
 SEBRING FL 33870**

**3700 SCHUMACHER ROAD  
 SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT-APPLICABLE**

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

**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	P	<input type="checkbox"/> Delete
NAME	RIVERA, LOYDA	
STREET ADDRESS	111 ORANGE RD NW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, DORY	
STREET ADDRESS	4318 CAPRI STREET	
CITY-ST-ZIP	SEBRING FL 33870	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERIBERTO SOTO	
STREET ADDRESS	3126 MARLIN DR	
CITY-ST-ZIP	Sebring FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

**SIGNATURE:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-27-02**

Date Daytime Phone #

CR2E037 (9/01)