


FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90084 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003403

1. Corporation Name
THE HISPANIC CHURCH OF GOD (SEVENTH DAY), INC.

Principal Place of Business 113 SOUTH FIRST STREET HAINES CITY FL	Mailing Address 113 SOUTH FIRST STREET HAINES CITY FL
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2. Principal Place of Business 21 <i>Hispanic church of God (seventh day)</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>P.O. Box 2924</i> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/24/1996
22 <i>113 south first street</i> City & State	27 <i>P.O. Box 2924</i> City & State	4. FEI Number NOT APPLICABLE
23 <i>Haines city FL</i> Zip Country	28 <i>Haines city FL</i> Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <i>33844</i>	29 <i>U.S.A</i>	30 <i>33845</i>
25 <i>U.S.A</i>	31 <i>U.S.A</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent REILLY, ANDREW R 95 SOUTH 10TH STREET HAINES FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <i>Antonio Gonzalez</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALES, TOMAS		1.2 NAME <i>328 N. 16th</i>	
STREET ADDRESS 427 22ND STREET		1.3 STREET ADDRESS <i>Haines City Fla. 33844</i>	
CITY-ST-ZIP HAINES CITY FL 33844		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDRANO, ELIEZER		2.2 NAME	
STREET ADDRESS 108 WEST SOUTH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33603		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <i>Bolivar Brito</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDRANO, SAMUEL		3.2 NAME <i>2415 Olson Rd.</i>	
STREET ADDRESS 108 WEST SOUTH AVENUE		3.3 STREET ADDRESS <i>Haines City Fla. 33844</i>	
CITY-ST-ZIP TAMPA FL 33603		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE <i>GRAGORIO BAUTISTA</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPARRO, SELEDONIO		4.2 NAME <i>28 BENNETT ST.</i>	
STREET ADDRESS 412 22ND ST		4.3 STREET ADDRESS <i>HAINES CITY FL. 33844</i>	
CITY-ST-ZIP HAINES CITY FL 33844		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <i>GERARDO RODRIGUEZ JR.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, TOMAS		5.2 NAME <i>602 BELVOIR DR.</i>	
STREET ADDRESS 4570 CARL BOOZER		5.3 STREET ADDRESS <i>DAVENPORT FL. 33537</i>	
CITY-ST-ZIP HAINES CITY FL 33844		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Bolivar Brito* *01/08/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BOLIVAR BRITO *941.419-9052*

CR2E037 (11/98)