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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003403

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

274279 - 90072 - 2

Principal Place of Business	Mailing Address
113 SOUTH FIRST STREET HAINES CITY FL	113 SOUTH FIRST STREET HAINES CITY FL

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Hispanic church of God (seventh day)	26 P.O. Box 2924	06/24/1996
Suite, Apt. #, etc. 22 113 south First Street	Suite, Apt. #, etc. 27 P.O. Box 2924	4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
City & State 23 Haines city FL	City & State 28 Haines City FL	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 33844 25 U.S.A	Zip / Country 29 33845 30 U.S.A	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REILLY, ANDREW R 95 SOUTH 10TH STREET HAINES FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	Antonio Gonzales ☒ Change ☐ Addition
NAME	~~GONZALES, TOMAS~~	1.2 NAME	
STREET ADDRESS	427 22ND STREET	1.3 STREET ADDRESS	328 N. 16th
CITY-ST-ZIP	HAINES CITY FL 33844	1.4 CITY-ST-ZIP	Haines City Fl. 33844.
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ 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 ☐ DELETE	3.1 TITLE	Bolivar Brito ☐ Change ☐ Addition
NAME	~~MEDRANO, SAMUEL~~	3.2 NAME	
STREET ADDRESS	~~108 WEST SOUTH AVENUE~~	3.3 STREET ADDRESS	2475 Olson Rd.
CITY-ST-ZIP	~~TAMPA FL 33603~~	3.4 CITY-ST-ZIP	Haines City Fl. 33844
TITLE	TD ☐ DELETE	4.1 TITLE	GREGORIO BAUTISTA ☒ Change ☐ Addition
NAME	~~CHAPARRO, SELEDONIO~~	4.2 NAME	
STREET ADDRESS	412 22ND ST	4.3 STREET ADDRESS	28 BENNETT St.
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	HAINES City FL. 33844
TITLE	D ☐ DELETE	5.1 TITLE	GERARDO RODRIGUEZ JR. ☐ Change ☐ Addition
NAME	~~RODRIGEZ, TOMAS~~	5.2 NAME	
STREET ADDRESS	4570 CARL BOOZER	5.3 STREET ADDRESS	602 BELVOIR DR.
CITY-ST-ZIP	HAINES CITY FL 33844	5.4 CITY-ST-ZIP	DAVENPORT FL. 33837
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 empowered.

SIGNATURE: SIGNATURE REQUIRED Bolivar Brito 01/08/99.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BOLIVAR BRITO 941. 419-9052