

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90110 008 ****63.00

DOCUMENT # N96000003403

1. Entity Name

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

Principal Place of Business

Mailing Address

HISPANIC CHURCH OF GOD (SEVENTH DAY)
 113 SOUTH FIRST ST
 HAINES CITY FL 33849

P O BOX ~~2000~~
 HAINES CITY FL 33845-2924

2. Principal Place of Business

3. Mailing Address

PO BOX 1074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Haines city FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip
33845

Country

POLK

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REILLY, ANDREW R
95 SOUTH 10TH STREET
HAINES FL

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
 NAME: GONZALES, ANTONIO Delete
 STREET ADDRESS: 328 N. 16TH ST
 CITY-ST-ZIP: HAINES CITY FL 33844

TITLE: PD
 NAME: OSCAR R. CHACON Change Addition
 STREET ADDRESS: 2712 AVE "K" N.W
 CITY-ST-ZIP: Winter Haven, FL 33881

TITLE: VD
 NAME: MEDRANO, ELIEZER Delete
 STREET ADDRESS: 108 WEST SOUTH AVENUE
 CITY-ST-ZIP: TAMPA FL 33603

TITLE: VD
 NAME: GONZALES, ANTONIO Change Addition
 STREET ADDRESS: 328 N 16th ST.
 CITY-ST-ZIP: HAINES CITY FL 33844

TITLE: SD
 NAME: BOLIVAR, BRITO Delete
 STREET ADDRESS: 2475 OLSON RD
 CITY-ST-ZIP: HAINES CITY FL 33844

TITLE: SD
 NAME: Rogelio Aguilar Change Addition
 STREET ADDRESS: 328 N 16th St
 CITY-ST-ZIP: Haines city FL 33844

TITLE: TD
 NAME: BAUTISTA, GREGORIO Delete
 STREET ADDRESS: 28 BENNETT ST
 CITY-ST-ZIP: HAINES CITY FL 33844

TITLE: TD
 NAME: Boni Vergara Change Addition
 STREET ADDRESS: 1612 #A Angle Av.
 CITY-ST-ZIP: Haines city FL 33844

TITLE: D
 NAME: RODRIGUEZ, GERARDO JR. Delete
 STREET ADDRESS: 602 BELVOIR DR
 CITY-ST-ZIP: DAVENPORT FL 33837

TITLE: D
 NAME: Alvaro R. Toussaint Change Addition
 STREET ADDRESS: 1077 S Lake Shore Way
 CITY-ST-ZIP: Lake Alfred 33850

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 REQUIRED

4/8/00

(941) 298-1191 K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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