


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90021 017 ****61.25

DOCUMENT # N96000003403					
1. Entity Name THE HISPANIC CHURCH OF GOD (SEVENTH DAY), INC.					
Principal Place of Business HISPANIC CHURCH OF GOD (SEVENTH DAY) 113 SOUTH FIRST ST HAINES CITY, FL 33849			Mailing Address P O BOX 1074 HAINES CITY, FL 33845		
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 Mario Mora	
				Street Address (P.O. Box Number is Not Acceptable) 701 Ruby CT	
				Dundee, FL 33838	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Mario Mora</u> <i>[Signature]</i> <u>02-27-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITO, PEDRO		NAME		
STREET ADDRESS	116 S 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, ANTONIO		NAME	Roman Hilario	
STREET ADDRESS	328 N 16 ST		STREET ADDRESS	2125 Johnson Ave	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, FL.33844	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHACON, PATRICIA		NAME	Ruth Brito	
STREET ADDRESS	314 S. 4TH STREET		STREET ADDRESS	3127 EastHison Ave	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, FL, 33844	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, POMPEYO		NAME		
STREET ADDRESS	1018 NORMA AVE		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGUILAR, JESUS		NAME	Humberto Lopez	
STREET ADDRESS	113 SOUTH FIRST ST		STREET ADDRESS	2125 East Hinson Ave #1	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, FL. 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUTISTA, FELICIANO		NAME	Saul Santana	
STREET ADDRESS	3601 BAKER AVE LOT 139		STREET ADDRESS	2125 Johnson Ave #2	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, FL 33844	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/27/04</u> Daytime Phone # <u>863-421-5866</u>		

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