

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003403

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** THE HISPANIC CHURCH OF GOD (SEVENTH DAY), INC.

**Current Principal Place of Business:**

HISPANIC CHURCH OF GOD (SEVENTH DAY)  
113 SOUTH FIRST ST  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1074  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORA, MARIO  
490 PEPPERMILL CIRCLE  
KISSIMMEE, FL 34758 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRITO, PEDRO  
Address: 116 S 4TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete  
Name: MARTINEZ, POMPEYO  
Address: 1018 NORMA AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: SD ( ) Delete  
Name: SANTANA, SAUL  
Address: 2125 E JOHNSON AVE APT 2  
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete  
Name: BRITO, ELIU  
Address: 2367 CREST DR  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: BAUTISTA, SAMUEL  
Address: 143 PENINSULAR AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: REYES, JAIME  
Address: PO BOX 403  
City-St-Zip: LAKE HAMILTON, FL 33851

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIU BRITO

TD

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date