

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90100 027 ****61.25

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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

00034524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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

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 CHACON, OSCAR R ☒ Delete
STREET ADDRESS 2712 AVE K NW
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE PD ☒ Change ☐ Addition
NAME Eusebio Vergara
STREET ADDRESS 116 S 4 Street
CITY-ST-ZIP Haines City, FL 33844

TITLE VD ☒ Delete
NAME GONZALES, ANTONIO
STREET ADDRESS 328 N 16TH ST
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VD ☒ Change ☐ Addition
NAME Feliciano Bautista
STREET ADDRESS 921 Lake Villa Way
CITY-ST-ZIP Haines City FL 33844

TITLE SD ☒ Delete
NAME AGUILAR, ROGELIO
STREET ADDRESS 322 23 STREET
CITY-ST-ZIP HAINES CITY FL 33844

TITLE SD ☒ Change ☐ Addition
NAME Pompeyo Martinez
STREET ADDRESS 1018 Norma Ave
CITY-ST-ZIP Haines City, FL 33844

TITLE TD ☒ Delete
NAME VERGARA, BANI
STREET ADDRESS 1612 A ANGIE AVE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE TD ☒ Change ☐ Addition
NAME Maria C. Lopez
STREET ADDRESS 113 Pennsylvania St
CITY-ST-ZIP Haines City, FL 33844

TITLE D ☒ Delete
NAME TOUBE, ALVARO R
STREET ADDRESS 1077 S LAKESHORE WAY
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE D ☒ Change ☐ Addition
NAME Jose Gonzalez
STREET ADDRESS 412-22-nd St
CITY-ST-ZIP Haines City, FL 33844

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: *Pompeyo Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-01 863-419-9849

CR2E037 (10/00)