

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003403

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC8426097479**

**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

**Current Mailing Address:**

P O BOX 1074  
HAINES CITY, FL 33845

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

REYES, JAIME PASTOR  
89 LAKE GORDON DR  
LAKE HAMILTON, FL 33851 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            JARAMILLO, JUAN  
Address        2367 CREST DR  
City-State-Zip: HAINES CITY FL 33844

Title            VI P  
Name            MORA, PAOLA  
Address        110 WOOD AVE APT 6  
City-State-Zip: HAINES CITY FL 33844

Title            TES  
Name            POMPEYO, MARTINEZ  
Address        1018 NORMA AVE  
City-State-Zip: HAINES CITY FL 33844

Title            SECR  
Name            BRITO, ELIU  
Address        2367 CREST DR  
City-State-Zip: HAINES CITY FL 33844

Title            S T  
Name            LOPEZ, PETRA  
Address        213 MCKAY DR APT H  
City-State-Zip: HAINES CITY FL 33844

*I hereby 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 all other like empowered.*

**SIGNATURE: POMPEYO MARTINEZ**

**TREASURER**

**01/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date