

DOCUMENT # 744735

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE JACKSONVILLE

Principal Place of Business

589 S. ELLIS ROAD
JACKSONVILLE FL 32254-6506
US

Mailing Address

589 S. ELLIS ROAD
JACKSONVILLE FL 32236-7663

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2961519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JORGE R
3725 BUCKSKIN TR E
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, JORGE R	
STREET ADDRESS	3725 BUCKSKIN TR E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ECHEGOYEN, ERNESTINA	
STREET ADDRESS	4170 STATES BIRD	
CITY-ST-ZIP	HATINGS FL 32145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACHECO, RAMONA	
STREET ADDRESS	129 QUANTON DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELIAN, RAFAEL M.	
STREET ADDRESS	8944 BLAINE MEADOWS DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMEZ, GAMALIEL	
STREET ADDRESS	4728 HARLOW BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAMEZ, MARTA	
STREET ADDRESS	4728 HARLOW BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE R. PEREZ

Date

1/7/01

Daytime Phone #

745-0941

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90041 049 ****75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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