

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90042 030 \*\*\*\*\*75.00

**DOCUMENT # 744735**

1. Entity Name

**PRIMERA IGLESIA BAUTISTA HISPANA DE JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

**589 S. ELLIS ROAD  
 JACKSONVILLE FL 32254-6506  
 US**

**589 S. ELLIS ROAD  
 JACKSONVILLE FL 32236-7663**

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

**59-2961519**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, JORGE R  
 3725 BUCKSKIN TR E  
 JACKSONVILLE FL 32211**

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	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 checked="" 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	

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 checked="" type="checkbox"/> Addition
NAME	EVA AVERY	
STREET ADDRESS	3878 RAINTREE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
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:

*Jorge R. Perez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02

(404) 745-0941

Date

Daytime Phone #

CR2E037 (9/01)