

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90407 039 \*\*\*\*61.25

**DOCUMENT # 760287**

1. Entity Name

**PRIMERA IGLESIA CRISTIANA DE HABLA HISPANA DE  
BRANDON, INC.**



Principal Place of Business

728 E LUMSDEN RD  
BRANDON FL 33511

Mailing Address

728 E LUMSDEN RD  
BRANDON FL 33511

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

59-2254709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAMACHO, DINA E.  
4103 YELLOWWOOD DRIVE  
VALRICO FL 33594**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CAMACHO, DINA E**  
STREET ADDRESS **4410 MAREN TRACE LN**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VD** ☐ Delete  
NAME **OSVALDO, COLON**  
STREET ADDRESS **3617 COLD CREEK DR**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **SD** ☐ Delete  
NAME **EMBREE, MARILYN**  
STREET ADDRESS **11706 N 51ST ST**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ Delete  
NAME **CAMADIO, CARLOS J**  
STREET ADDRESS **728 E LUMSDEN RD**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **VD** ☐ Delete  
NAME **CAMACHO, JUAN C**  
STREET ADDRESS **4410 MAREN TRACE LN**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **CAMACHO, CARLOS J.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:** *Dina E. Camacho* **DINA E. CAMACHO** 4/2/04 (813) 681-2459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #