

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90282 019 ****61.25

DOCUMENT # 765975

1. Entity Name
PRIMERA IGLESIA BAUTISTA HISPANA DE DOVER, INCOR

Principal Place of Business Mailing Address
 O BOX 355 P O BOX 355
 FL 33587-7755 SYDNEY FL 33587-0355

843372



DO NOT WRITE IN THIS SPACE

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 **59-2443076** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, DAVID
702 INNERGARY PLACE
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	TR	<input type="checkbox"/> Delete
NAME	CARRIZO, LUIS	
STREET ADDRESS	P O BOX 556 N/A	
CITY-ST-ZIP	SYDNEY FL 33587	
TITLE	T	<input type="checkbox"/> Delete
NAME	VAZQUES, ISRAEL	
STREET ADDRESS	P O BOX 262 N/A	
CITY-ST-ZIP	SYDNEY FL 33587	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ESPARZA, WALDON	
STREET ADDRESS	6704 PEMBERTON VIEW	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL	
STREET ADDRESS	P.O. BOX 480	
CITY-ST-ZIP	DURANT FL 33530	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, RAUL	
STREET ADDRESS	5230 S R 60	
CITY-ST-ZIP	DOVER FL 33529	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GUEVARRA, PEDERICO	
STREET ADDRESS	P.O. BOX 292	
CITY-ST-ZIP	SYDNEY FL 33587	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPOS, ROBERTO	
STREET ADDRESS	P.O. BOX 292	
CITY-ST-ZIP	SYDNEY, FL 33587	
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	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDES, ALEJANDRO	
STREET ADDRESS	P.O. BOX 537	
CITY-ST-ZIP	SYDNEY, FL 33587	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREJO, DIONISIO	
STREET ADDRESS	P.O. BOX 556	
CITY-ST-ZIP	SYDNEY, FL 33587	
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: *DAVID DELGADO* DAVID DELGADO 04/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)