2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am Secretary of State DOCUMENT # **765975** 1. Entity Name PRIMERA IGLESIA BAUTISTA HISPANA DE DOVER, INCOR 04-26-2002 90004 044 ****61.25 PORATED Principal Place of Business Mailing Address P O BOX 355 P O BOX 355 SYDNEY FL 33587-7755 SYDNEY FL 33587-7755 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2443076 Not Applicable Country Zip Country \$8.75. Additional. ~ ■5. Certificate of Status Desired — — — — Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DELGADO, DAVID 702 INNERGARY PLACE VALRICO FL 33594 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TŘ ☐ Delete TITLE NAMÉ VALDEZ, ALEJANDRO NAME STREET ADDRESS 59 K HWY:92 LOT #11 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CIFY FL 33567 ☐ Change ☐ Addition ☐ Delete TITLE TITLE VAZQUES, ISRAEL NAME NAME STREET ADDRESS STREET ADDRESS P-O-BOX-262____N/A CITY-ST-ZIP CITY-ST-ZIP SYDNEY FL 33587 ☐ Addition ☐ Change TITLE TITLE TR ☐ Delete ESPARZA, WALDON NAME NAME STREET ADDRESS STREET ADDRESS **6704 PEMBERTON VIEW** CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 X Delete ☐ Addition TITLE XX Change RODRIGUEZ, DANIEL NAME ANTONIA DELGADO STREET ADDRESS STREET ADDRESS P.O. BOX 480 702 INNERGARY PLACE CITY-ST-ZIP CITY-ST-ZIP **DURANT FL 33530** VALRICO, FL 33594 Delete XX Change ☐ Addition TITLE TRTrejo, Dionisio NAME NAME GUILLERMO RAMIREZ STREET ADDRESS STREET ADDRESS PO BOX 507 4721 SILLRUN CITY-ST-ZIP CITY-ST-ZIP SYDNEY FL 33587 PLANT CITY, FL 33567 ☐ Delete TITLE Change **★** Addition TITLE IDALISA ZAMARRIPA NAME NAME STREET ADDRESS 1640 WAKEFIELD DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP

FILED

SIGNATURE: RESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELIGADO 04/05/02 (813) 654-6533

changed, or on an attachment with an address, with all other like empowered

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