

2001 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-05-2001 90437 030 ****61.25

DOCUMENT # N00000001107

1. Entity Name

FIRST SPANISH BAPTIST CHURCH OF ALTAMONTE SPRING

Principal Place of Business

Mailing Address

9439 FOREST CITY RD
ALTAMONTE SPRINGS FL 32714

P O BOX 161533
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

1157 STATE Rd. 436 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

Altamonte Springs, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32814

USA

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

TORO, LUIS
526 ORANGE DR, APT 26
ALTAMONTE SPRINGS FL 32701

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 NAME STREET ADDRESS CITY-ST-ZIP	Pastor Ramon Rivera Salaman 14231 SUNRIVER AVE Orlando FL 32828 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Luis Toro 526 Orange Dr, APT#26 ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of Deacons MARTIN D. DIAZ 132 Highland Dr. Casselberry, FL 32730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	New Pastor Carmelo Rivera 532 Portland Circle Apopka, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elley Toro (Deacon) 526 Orange Dr apt#26 Altamonte Springs FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victor Torres (Deacon) 3301 S Sanford Ave. apt. 27 Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Luis Toro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/001

Date

407-862-4520

Daytime Phone #

CR2E037 (10/00)