

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90039 037 ****61.25

DOCUMENT # N00000001107

1. Entity Name
**FIRST SPANISH BAPTIST CHURCH OF ALTAMONTE
SPRINGS, INC.**



Principal Place of Business
**1157 W STATE RD 436 W
101
ALTAMONTE SPRINGS, FL 32814 US**

Mailing Address
**P O BOX 161583
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

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

**LOPEZ MERCED, SONIA
118 SEA BREEZE CIRCLE
KISSIMMEE, FL 34743**

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

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LOPEZ MERCED, SONIA
STREET ADDRESS 118 SEA BREEZE CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE VPD ☐ Delete
NAME DONATO, NELSON
STREET ADDRESS 603 LAVON DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VPD ☒ Change ☐ Addition
NAME Elley Rosario
STREET ADDRESS 18145 Lynberg Road
CITY-ST-ZIP Orlando, FL 32820-2100

TITLE DD ☐ Delete
NAME DONATO, MARIA
STREET ADDRESS 603 LAVON DR
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE DD ☒ Change ☐ Addition
NAME Rosa Maldonado
STREET ADDRESS 5118 Clarcoma Occoee Road
CITY-ST-ZIP Orlando, FL 32810

TITLE TD ☐ Delete
NAME TORRES, LUIS
STREET ADDRESS 3049 FOXHILL CIRCLE, APT #104
CITY-ST-ZIP APOPKA, FL 32703

TITLE TD ☐ Change ☐ Addition
NAME Luis Toro
STREET ADDRESS 18145 Lynberg Road
CITY-ST-ZIP Orlando, FL 32820-2100

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition
NAME Edith Clavijo
STREET ADDRESS 1321 Atlantic Drive
CITY-ST-ZIP Apodaka, FL 32703

TITLE ☐ Delete
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: *Sonia M. Lopez-Merced* **Sonia M. Lopez -Merced** 3-18-04 (407)344-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #