

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90168 012 ****70.00

DOCUMENT # N00000001107

1. Entity Name
**FIRST SPANISH BAPTIST CHURCH OF ALTAMONTE SPRING
S, 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
SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country

Zip Country
SEMINOLE

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

**RIVERA, CARMELO
532 PORTLAND CIRCLE
APOPKA FL 32703**

Name **SONIA LOPEZ MERCED**
Street Address (P.O. Box Number is Not Acceptable)
118 SEA BREEZE CIRCLE
KISSIMMEE FL 34743
City **KISSIMMEE** FL Zip Code **34743**

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 *Sonia Lopez Merced* (PASTOR) SONIA LOPEZ MERCED (2/17/03)
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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NP	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, CARMELO	
STREET ADDRESS	532 PORTLAND CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, ELIZABETH	
STREET ADDRESS	532 PORTLAND CIRC	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PODT	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, MARTIN D	
STREET ADDRESS	132 HIGHLAND DR	
CITY-ST-ZIP	CASSELBERRY FL 32730	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORRES, VICTOR	
STREET ADDRESS	3301 S SANFORD AVE APT #27	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	DONATO, NELSON	
STREET ADDRESS	904 D ORIENTA AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PASTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIA LOPEZ MERCED	
STREET ADDRESS	118 SEA BREEZE CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON DONATO	
STREET ADDRESS	603 LAVON DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	DEACONESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DONATO	
STREET ADDRESS	603 LAVON DR. ALTAMONTE SPRINGS,	
CITY-ST-ZIP	FLORIDA, 32701	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS TORO	
STREET ADDRESS	3049 FOXHILL CIRCLE, APT # 104	
CITY-ST-ZIP	APOPKA FL 32703	
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: *Sonia Lopez Merced* 2/17/03 (407) 460-7456

CR2E037 (10/02)