

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91593 027 ****70.00

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1. Entity Name

IGLESIA BAUTISTA HISPANA DE DAYTONA, INC.

Principal Place of Business

Mailing Address

**316 CHURCH STREET
 PORT ORANGE FL 32127**

**P.O. BOX 214492
 SOUTH DAYTONA FL 32121**



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 **59-3658976**

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

**OCHOA, VICTOR H
 273 PALM CASTLE DRIVE
 PORT ORANGE FL 32127**

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 Delete
 STREET ADDRESS
 CITY-ST-ZIP
**PD OCHOA, VICTOR H
 273 PALM CASTLE DRIVE
 PORT ORANGE FL 32127**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
**VD PEIGNAND, SAMUEL
 1583 MEGAN BAY CIRCLE
 HOLLY HILL FL 32117**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
**VD MYRIAM S. OCHOA
 273 PALM CASTLE DR.
 PORT ORANGE, FL 32127**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
**SD ZUNIGA, PAOLA
 273 PALM CASTLE DRIVE
 PORT ORANGE FL 32127**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
**SD PAULA G. OCHOA
 273 PALM CASTLE DR.
 PORT ORANGE, FL 32127**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
**TD SALEH, AMBAR
 29 WESTERN LN
 PORT ORANGE FL 32127**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: *SIGNATURE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02
 Date

1386 304-0723
 Daytime Phone #

CR2E037 (9/01)