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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26018** **(4)**

1. Corporation Name

FIRST SPANISH CHURCH OF CITRUS COUNTY, CORPORATION

Principal Place of Business	Mailing Address
4201 S. PLEASANT GROVE RD. INVERNESS FL 34452 US	% PASTOR TEDDY APONTE 13805 S.W. 114TH LANE-ROLLING RANCH ESTATE DUNNELLON FL 34432 US

3. Date Incorporated or Qualified: 02/10/1988

4. FEI Number: 59-2888369 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1370 N. Croft Ave.	26 Box 2052
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Inverness, Fl.	City & State 28 Inverness, Fl.
Zip / Country 24 34453 / 25 Citrus	Zip / Country 29 34451 / 30 Citrus

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBEN SIERRA SIERRA 1205 LAKEVIEW DR. INVERNESS FL 34450	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, CARMEN		1.2 NAME		
STREET ADDRESS	6342 E. GURLEY ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	APONTE, TEDDY		2.2 NAME		
STREET ADDRESS	13805 S.W. 114TH LANE ROLLING RANCH EST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34432		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, JUAN		3.2 NAME		
STREET ADDRESS	3145 E GLENN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DANOIS, ANA		4.2 NAME		
STREET ADDRESS	6360 E GURLEY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, MARGARITA		5.2 NAME		
STREET ADDRESS	WASHINGTON SQUARE #37		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUBEN SIERRA, SIERRA		6.2 NAME		
STREET ADDRESS	1205 LAKEVIEW DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruben Sierra Sierra **REQUIRED** 01-11-1998 352-637-2941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #