## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 23, 2002 8:00 am Secretary of State **DOCUMENT # N26018** 1. Entity Name FIRST SPANISH CHURCH OF CITRUS COUNTY, CORPORATI 05-23-2002 90069 017 \*\*\*\*61.25 Mailing Address Principal Place of Business 1370 N CROFT AVE 1370 N CROFT AVE INVERNESS FL 34454 INVERNESS FL 34454 US 2. Principal Place of Business 3. Mailing Address FIRST SPANISH CHURCH OF СC DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. P.O. BOX 2053 Applied For 4. FEI Number City & State City & State 59-2888369 Not Applicable <u>INVERNESS FL</u> Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 34451-20533 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PINERO, ALEIDA 771 W COLBERT COURT **BEVERLY HILLS FL 34465** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 . OFFICERS AND DIRECTORS 11. 10. (9/01) VPD resident ☐ Change X Addition ☐ Delete TITLE TITLE FIGUEROA PERSIDA, RIVERA, CARMEN NAME NAME 11128 LOMITA WREN 6342 E. GURLEY ST. STREET ADDRESS STREET ADDRESS BROOKSVILLE FL 34614 CITY-ST-ZIP **INVERNESS FL 34452** CITY-ST-ZIP Change ☐ Addition PD TITLE ☐ Delete TITLE PEREZ, JUAN NAME NAME STREET ADDRESS 6034 PEACH STREET STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34452 CITY-ST-ZIP Change Addition VPD Delete TITLE TITLE MERCADO, JUDY NAME NAME STREET ADDRESS 3678 S. DIAMOND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP inverness fl 34452 Addition Change VPD ☐ Delete TITLE TITLE SEGARRA, CARMEN P NAME NAME 1 PLAZA STREET STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE RIVERA, LEYDA NAME STREET ADDRESS 201 EDISON STREET STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34452** CITY-ST-ZIP ☐ Addition ☐ Change TD TITLE ☐ Delete TITLE **DELGADO-PINERO, ALEIDA** NAME NAME STREET ADDRESS 771 W. COLBERT COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL 34465

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: