

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90129 006 ****61.25

DOCUMENT # N29781

1. Entity Name

FIRST HISPANIC CHURCH OF DELAND, INC.

Principal Place of Business

Mailing Address

**711 N FRANKFORT AVE
 DELAND FL 32724
 US**

**P O BOX 418
 DELAND FL 32721
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2922253

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MEDINA, ANA R.
 601 S MONTGOMERY AVE
 DELAND FL 32720**

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

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME PD
 STREET ADDRESS MEDINA, ANA R.
 CITY-ST-ZIP 601 S MONTGOMERY AVE
 DELAND FL 32720

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS PADILLA, MARCELO
 CITY-ST-ZIP 728 S. FLORIDA AVE. --
 DELAND FL --

TITLE ☐ Change ☐ Addition
 NAME STD
 STREET ADDRESS FELIPE SILVA
 CITY-ST-ZIP 470 REYNOLDS RD.
 DE LEON SPRINGS, FL 32130

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS PADILLA, MATEO
 CITY-ST-ZIP 107 S WADE AVENUE-
 DELAND FL 32724

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS TOMAS PADILLA
 CITY-ST-ZIP 1404 E. VOOHRIS AVE.
 DELAND, FL 32724

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS MARTINEZ, FERNANDO
 CITY-ST-ZIP 229 E WASHINGTON AVE
 PIERSON FL 32180

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Ana R. Medina* **8-4-02 (386) 734-0879**

CR2E037 (4/02)