

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29781

FILED
Jul 13, 2005
Secretary of State

Entity Name: FIRST HISPANIC CHURCH OF DELAND, INC.

Current Principal Place of Business:

711 N FRANKFORT AVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 418
DELAND, FL 32721 US

New Mailing Address:

FEI Number: 59-2922253 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDINA, ANA R.,
Address: 601 S MONTGOMERY AVE
City-St-Zip: DELAND, FL 32720

Title: VD () Delete
Name: MARTINEZ, FERNANDO
Address: 229 E WASHINGTON AVE
City-St-Zip: PIERSON, FL 32180

Title: STD () Delete
Name: SILVA, FELIPE
Address: 470 REYMOLDS RD
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D () Delete
Name: PADILLA, TOMAS
Address: 1404 E VOOHRIS AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA R. MEDINA

PD

07/13/2005

Electronic Signature of Signing Officer or Director

Date