

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90021 029 ****61.25

DOCUMENT # N93000000225

1. Entity Name

LA PRIMERA IGLESIA BAUTISTA HISPANA DE SARASOTA, INC.

Principal Place of Business

Mailing Address

**4445 S. LOCKWOOD RIDGE ROAD
 SARASOTA FL 34231**

**P.O. BOX 18542
 SARASOTA FL 34276**

506272



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0426661

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

**BISSETT, MIRIAM
 4116 TEE ROAD
 SARASOTA FL 34235**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISSETT, MIRIAM	NAME	
STREET ADDRESS	4116 TEE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLALDE, DANIEL	NAME	
STREET ADDRESS	3009 MCINTOSH ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, JOSEFINA	NAME	
STREET ADDRESS	3985 MACEACHEN BLVD #212	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOMARRON, RAFAEL	NAME	
STREET ADDRESS	3425 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONG, ACELA	NAME	
STREET ADDRESS	1111 LONG FELLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYBERG, ROBERT	NAME	
STREET ADDRESS	7727 36TH LANE E.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	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: *Miriam Bissett* **MIRIAM BISSETT** 2/16/02 941-955-4104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)