

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001276

1. Entity Name

PRIMERA IGLESIA HISPANA DISCIPULOS DE CRISTO DE SEBRING, INC.

Principal Place of Business

3700 SCHUMACHER ROAD
SEBRING FL 33870

Mailing Address

3700 SCHUMACHER ROAD
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGOSTO, FELIX
3126 GROUPE DR
SEBRING FL 33870

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

TITLE PD
NAME AGOSTO, FELIX
STREET ADDRESS 3126 GROUPE DRIVE
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

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

TITLE
NAME RIVERA, LOYDA
STREET ADDRESS 111 ORANGE RD NW
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE C
NAME CRUZ, DORY
STREET ADDRESS 4318 CAPRI STREET
CITY-ST-ZIP SEBRING FL 33870 ☒ Delete

TITLE C
NAME HERIBERTO SOTO
STREET ADDRESS 3126 MARLIN DR
CITY-ST-ZIP Sebring FL 33870 ☒ Change ☐ Addition

TITLE TD
NAME AGOSTO, ROSA
STREET ADDRESS 3126 GROUPE DR
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91208 005 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT-APPLICABLE Applied For Not Applicable

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

CR2E037 (9/01)