

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001276

FILED
Feb 26, 2004
Secretary of State**Entity Name:** PRIMERA IGLESIA HISPANA DISCIPULOS DE CRISTO DE SEBRING, INC.**Current Principal Place of Business:**3700 SCHUMACHER ROAD
SEBRING, FL 33870**New Principal Place of Business:****Current Mailing Address:**3700 SCHUMACHER ROAD
SEBRING, FL 33870**New Mailing Address:****FEI Number:** 65-1025288**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AGOSTO, FELIX
3126 GROUPER DR
SEBRING, FL 33870 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: AGOSTO, FELIX
Address: 3126 GROUPER DRIVE
City-St-Zip: SEBRING, FL 33870**Title:** T () Delete
Name: RIVERA, LOYDA
Address: 220 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL**Title:** TD () Delete
Name: AGOSTO, ROSA
Address: 3126 GROUPER DR
City-St-Zip: SEBRING, FL 33870**Title:** C () Delete
Name: SOTO, HERIBERTO
Address: 3126 MARLIN DR
City-St-Zip: SEBRING, FL 33870**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: LOYDA RIVERA

TD

02/26/2004

Electronic Signature of Signing Officer or Director

Date