

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90253 008 ****61.25

DOCUMENT # N94000001302

1. Entity Name

**IGLESIA BAUTISTA HISPANA DE LAKESIDE, APOPKA, FL
ORIDA, INC.**



Principal Place of Business

**9635 BEAR LAKE RD
APOPKA FL**

Mailing Address

**9635 BEAR LAKE RD
APOPKA FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3232024**

Applied For

Not Applicable

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

**CORDOVES, ISRAEL
602 EGAN DR
ORLANDO FL 32822**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CD	CORDOVES, ISRAEL	602 EGAN DR ORLANDO FL 32822				
	D	CORDOVES, MARIO	501 EGAN DR ORLANDO FL 32822				
	D	CORDOVES, ISRAEL JR.	602 EGAN DR ORLANDO FL 32822				
	D	CORDOVES, MARTA	501 EGAN DR ORLANDO FL 32822				
	D	RODRIGUEZ, LUIS	501 EGAN DR ORLANDO FL 32822				
	D	CORDOVES, ALIDA E.	602 EGAN DR ORLANDO FL 32822				

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: *Israel Cordoves* 1/11/03 (407)380-0465

CR2E037 (10/02)

90002493



☐ CHECK HERE IF MAKING CHANGES