

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003509

1. Entity Name

PRIMERA IGLESIA BAUTISTA DE ELOISE, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90027 004 ****61.25

Principal Place of Business

Mailing Address

108 1ST ST
ELOISE FL 33880-0400
US

P.O. BOX 5026
ELOISE FL 33880-0026
US

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

59-3258983

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

MARSHALL, SHARON
517 AVE E NW
WINTER HAVEN FL 33881

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

Sharon Marshall

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 ☐ Delete
NAME DP
STREET ADDRESS DE LA MATA, EFRAIN
CITY-ST-ZIP 108 1ST STREET
ELOISE FL 33880-0400

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS AMARO, GLORIA
CITY-ST-ZIP 510 S FLORAL STREET
BARTOW FL

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

TITLE ☒ Delete
NAME DS
STREET ADDRESS DADO, ELEVTERIA
CITY-ST-ZIP 138 2ND STREET
ELOISE FL

TITLE ☐ Change ☒ Addition
NAME DS
STREET ADDRESS MANUELA LAMB
CITY-ST-ZIP 110 2ND ST N.
ELOISE FL 33880

TITLE ☒ Delete
NAME DV
STREET ADDRESS YLLARRAZA, ANTONIO
CITY-ST-ZIP 601 EVERGREEN PLACE SW
WINTER HAVEN FL

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS HECTOR MUGICA
CITY-ST-ZIP P O BOX 412
MULBERRY FL 33860

TITLE ☐ Delete
NAME TD
STREET ADDRESS MARSHALL, SHARON
CITY-ST-ZIP 517 AVE E NW
WINTER HAVEN FL 33881

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Sharon Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

863 2997875

Daytime Phone #

CR2E037 (9/99)