

3/29/01

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003509**

1. Entity Name

**PRIMERA IGLESIA BAUTISTA DE ELOISE, INC.****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90395 049 \*\*\*\*61.25

Principal Place of Business	Mailing Address
108 1ST ST ELOISE FL 33880-0400 US	P.O. BOX 5026 ELOISE FL 33880-0400 US

39492

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Zip	Country	59-3258983	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_

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	DP	<input type="checkbox"/> Delete
NAME	DE LA MATA, EFRAIN	
STREET ADDRESS	108 1ST STREET	
CITY-ST-ZIP	ELOISE FL 33880-0400	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AMARO, GLORIA	
STREET ADDRESS	510 S FLORAL STREET	
CITY-ST-ZIP	BARTOW FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAMB, MANUELA	
STREET ADDRESS	110 2ND ST N	
CITY-ST-ZIP	ELOISE FL 33880	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MUGICA, HECTOR	
STREET ADDRESS	PO BOX 412	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARSHALL, SHARON	
STREET ADDRESS	517 AVE E NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DV**  
**Homero AMARO**  
**510 S Floral St**  
**Bartow FL**

**DV**  
**Adan Mateo**  
**108 1st St.**  
**Eloise FL 33880**

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 OF SHARON MARSHALL Treasurer 3-26-01 863-299-7875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)