

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90852 044 \*\*\*\*61.25

**DOCUMENT # N94000005757**

1. Entity Name

**PRIMERA IGLESIA CRISTIANA CONGREGACIONAL DE PLANT CITY, INC.**

Principal Place of Business

Mailing Address

**908 E REYNOLDS ST  
 PLANT CITY FL 33565  
 US**

**P.O. BOX 536  
 PLANT CITY FL 33564**

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

**59-3238635**

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

**SANTANA, JULIO A REV  
 306 E. TOMLIN STREET  
 PLANT CITY FL 33566**

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 reinstalling)

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 **PT** ☒ Delete  
 NAME **BASS, JAMES**  
 STREET ADDRESS **1103 N. WHEELER STREET**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **PT** ☒ Change ☐ Addition  
 NAME **Blanton, Norm**  
 STREET ADDRESS **P.O. Box 1867**  
 CITY-ST-ZIP **Plant City, FL 33564**

TITLE **ST** ☐ Delete  
 NAME **HALLBERG, LORENE**  
 STREET ADDRESS **3209 CONCORD WAY**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **T** ☐ Delete  
 NAME **PRUET, DELIA**  
 STREET ADDRESS **3217 KILMER DR**  
 CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE **D** ☐ Delete  
 NAME **SANTANA, JULIO A REV**  
 STREET ADDRESS **2426 RIVERWOOD DR.**  
 CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE **VT** ☒ Delete  
 NAME **CONDIT, GORDIN**  
 STREET ADDRESS **1200 E. CLEVELAND STREET**  
 CITY-ST-ZIP **HERNANDO FL 32642**

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:

**Julio A. Santana** 4/12/02 (813) 754-2840  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)