

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90052 036 *****61.25

DOCUMENT # N96000003120

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE PALM COAST,

Principal Place of Business

**301 PALM COAST PARKWAY
PALM COAST FL 32137**

Mailing Address

**POST OFFICE BOX 353067
PALM COAST FL 32135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3392425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VARGAS, FRANCISCO REV
14 PINE ASH LANE
PALM COAST FL 32164**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VARGAS, FRANCISCO REV
~~41 WEDGE LANE~~ 14 PINE ASH LANE
PALM COAST FL 32164** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MALDONADO, CARLOS
63 PERROTTI LANE
PALM COAST FL 32164** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
RIVERA, MANUEL
6 BOWMAN PLACE
PALM COAST, FL 32137** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR/S
ROSADO, NILDA
130 PUTTER LANE
PALM COAST FL 32164** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCISCO
VARGAS**

4/20/01

Date

386-586-5327

Daytime Phone #

CR2E037 (10/00)