

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

0001883

DOCUMENT # N96000003120

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE PALM COAST, INC.



Principal Place of Business

5500 BILLY TERRE PARKWAY
PALM COAST FL 32137

Mailing Address

POST OFFICE BOX 353067
PALM COAST FL 32135

FILED

04 JAN 23 AM 9 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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)

400029452994

02/26/04--01022--019 **\$61.25

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 D
NAME VARGAS, FRANCISCO REV
STREET ADDRESS 11 WEDGE LANE
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS 14 PINEASH LANE
CITY-ST-ZIP PALM COAST, FL 32164 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 16 SUMMER TERRACE
CITY-ST-ZIP PALM COAST, FL 32137 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Francisco Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/04

CR2E037 (10/02)