

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90156 002 \*\*\*\*61.25

**DOCUMENT # N97000000569**

1. Entity Name

**PRIMERA IGLESIA BAUTISTA DE LONGWOOD, INC.**



Principal Place of Business

**891 SR 434 EAST  
LONGWOOD FL 32750-5306**

Mailing Address

**891 SR 434 EAST  
LONGWOOD FL 32750-5306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**ROJAS, CARLOS  
215 ST. CLOUD VILLAGE CT  
#204  
KISSIMMEE FL 34744**

Name

**ROBERTO CRUZ**

Street Address (P.O. Box Number is Not Acceptable)

**3729 SHAWN CIRCLE**

City

**Orlando**

**FL**

Zip Code

**32826**

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]*

(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** ☐ Delete  
NAME **CRUZ, ROBERTO**  
STREET ADDRESS **3729 SHAWN CR**  
CITY-ST-ZIP **ORLANDO FL 32826**

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

TITLE **D** ☐ Delete  
NAME **BARTAZAR, DAVID**  
STREET ADDRESS **AUTUMN BREEZE WAY APT. 327**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☒ Change ☐ Addition  
NAME **Baltazar David**  
STREET ADDRESS **1394 San Luis Ct.**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Delete  
NAME **ZOUAIN, ADALGISA**  
STREET ADDRESS **667 WEY BRIDGE CT.**  
CITY-ST-ZIP **LAKE MARY FL 32740**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**1/26/03 321 229-6008**

CR2E037 (10/02)