

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007093

1. Entity Name

PRIMERA IGLESIA BAUTISTA LA FE, INC. DE PLANT CI

Principal Place of Business

Mailing Address

1212 W REYNOLDS ST
PLANT CITY FL 33566
US

P.O. BOX 2031
PLANT CITY FL 33564-2031
US

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

59-3501987

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

SORIA, RAMON
1904 PADDOCK DR.
PLANT CITY FL 33567

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 ☐ Delete
NAME D
STREET ADDRESS SOTO, SAMUEL
CITY-ST-ZIP 1204 N. CRYSTAL TERRACE
PLANT CITY FL 33564

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALEZ, NARCISO
CITY-ST-ZIP 2209 VALLEY BROOK
VALRICO FL 33594

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

TITLE ☒ Delete
NAME D
STREET ADDRESS GARZA, ELIZABETH
CITY-ST-ZIP 8502 KEYNSVILLE RD.
PLANT CITY FL 33567

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS GRISELDA GONZALEZ
CITY-ST-ZIP 12558 Country Place
Lakeland, FL. 33809

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Soto -

Jan. 9, 2000

(813) 719-3619

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

00005518

CR2E037 (9/99)