

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

0069234

DOCUMENT # N99000005546

1. Entity Name

FIRST SPANISH TRINITY CHURCH, INC.

04-18-2002 90401 047 ****61.25

Principal Place of Business 14801 SUSSEX DRIVE ORLANDO FL 32826	Mailing Address PO BOX 070921 ORLANDO FL 32067-0921 13505 Glasser Ave Orlando, FL 32826
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 14801 SUSSEX DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	4. FEI Number 59-3598235	Applied For <input type="checkbox"/> Not Applicable
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Zip 32826	Country ORANGE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIAZ, HECTOR
14813 SUSSEX DRIVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name
GLORIA E Soto

Street Address (P.O. Box Number is Not Acceptable)
13505 GLASSER AVE

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.

SIGNATURE *[Signature]* **Gloria E. Soto** DATE **3/31/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD	NAME DIAZ, HECTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 14813 SUSSEX DRIVE	CITY-ST-ZIP ORLANDO FL 32826	
TITLE ST	NAME RODRIGUEZ, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS 1513 OVERDALT STREET	CITY-ST-ZIP ORLANDO FL 32825	
TITLE TT	NAME ROMAN, RAMON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 336 BRIAR BAY CIRCLE	CITY-ST-ZIP ORLANDO FL 32825	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME Gloria E. Soto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13505 Glasser Ave	CITY-ST-ZIP Orlando FL 32826	
TITLE ST	NAME Virginia Rodriguez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1513 Overdalt Street	CITY-ST-ZIP Orlando FL 32825	
TITLE TT	NAME Gloria E. Soto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13505 Glasser Ave	CITY-ST-ZIP Orlando FL 32826	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **Gloria E. Soto** DATE **3/31/02** 407-306-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)