## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # N99000005546 1. Entity Name 02-11-2004 90009 041 \*\*\*\*61 25 FIRST SPANISH TRINITY CHURCH, INC. Principal Place of Business Mailing Address 14801 SUSSEX DRIVE ORLANDO FL 32826 14801 SUSSEX DRIVE ORLANDO FL 32826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3598235 Not Applicable Zip Country \* Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOTO, GLORIA E Street Address (P.O. Box Number is Not Acceptable) 13505 GLASSER AVE ORLANDO FL 32826 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 DATE 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition SOTO, GLORIA E NAME NAME 13505 GLASSER AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32826 CITY-ST-ZIP CITY-ST-7(P (Z) Change ☐ Delete TITLE TITLE ■ Addition RODRIGUEZ, VIRGINIA NAME MAME 1513 OVERDALT STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete TITLE SOTO, FERNANDO NAME NAME 13505 GLASSER AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32826 CITY-ST-ZIP CITY-ST-ZIP treasury & trus Edwin Badillo Change ☐ Delete TITLE Addition NAME NAME 3930 Sunny 6000K STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_\_ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

aloria E. Soto

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**FILED**