2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2007 8:00 am Secretary of State DOCUMENT # N9900005546 1. Entity Namo 02-02-2007 90008 034 ****61.25 FIRST SPANISH TRINITY CHURCH, INC. Principal Place of Business Mailing Address 14801 SUSSEX DRIVE 14801 SUSSEX DRIVE ORLANDO FL 32826 ORLANDO FL 32826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-3598235 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOTO, GLORIA E Street Address (P.O. Box Number is Not Acceptable) 13505 GLASSER AVE ORLANDO FL 32826 Zip Code 8. The above named critity 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, whed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature reduced when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. HHE Change ■ Addition nnr ☐ Defete NAME NAME SOTO, GLORIA E STREET ADDRESS STREET ADDRESS 13505 GLASSER AVE CHY ST ZIP CHY ST ZIP ORLANDO FL 32826 Delete ■ Addition mili TITLE Luz Abadia NAM NAME RODRIGUEZ, VIRGINIA 1037 Great Shady La STREET ADDRESS STREET LADDRESS 1513 OVERDALT STREET CHY-S1-ZIP CITY - ST - ZIP ORLANDO FL 32825 OFTONDO, FL. 32522 HILLE ☐ Delete IMAN NAMI SOTO, FERNANDO ORLANDO FL 32825 CITY-ST 7IP HIII ☐ Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST /IP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED

SIGNATURE: CONTROL FOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 120/07 Date Dayling Phone &