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

Mailing Address

14801 SUSSEX DRIVE

ORLANDO FL 32826

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # N9900005546

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SOTO, GLORIA E

13505 GLASSER AVE ORLANDO FL 32826

City & State

Zip

SIGNATURE

14901 SUSSEX DRIVE

ORLANDO FL 32826

FIRST SPANISH TRINITY CHURCH, INC.

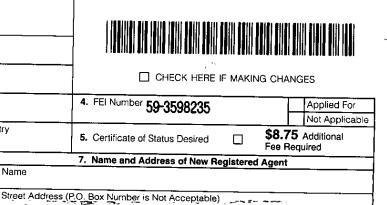
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FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90316 014 ****61.25

~UUU0487

Zip Code



DATE

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.

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to EF. Trust Fund Contribution. П Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition SOTO, GLORIA E NAME NAME STREET ADDRESS 13505 GLASSER AVE STREET ADDRESS CITY-ST-ZIP Orlando FL 32826 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, VIRGINIA NAME 1513 OVERDALT STREET STREET ADDRESS STREET ADDRESS CITY-ST-7/P ORLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOTO, FERNANDO NAME STREET ADDRESS 13505 GLASSER AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE REQU