


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

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-14-2003 90244 034 ****70.00

DOCUMENT # 712651
1. Entity Name
MIAMI LATIN CHURCH OF GOD, INC.



Principal Place of Business
**7712 E CHELSEA STREET
TAMPA FL 33610 - 5706**

Mailing Address
**PO BOX 9246
TAMPA FL 33674-9246**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
PO Box 11735

City & State
Tampa FL

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country
33680-1735 USA

6. Name and Address of Current Registered Agent
**SANCHEZ, MANUEL PEREZ
27509 BREAKERS DR
WESLEY CHAPEL FL 33543**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	M LABRA, CARLOS	<input type="checkbox"/> Delete
STREET ADDRESS	5838 COLLINS AVENUE, #5C	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	SEST SANCHEZ, MANUEL PEREZ	<input type="checkbox"/> Delete
STREET ADDRESS	6775 14TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	VD RUIZ, RAFAEL	<input type="checkbox"/> Delete
STREET ADDRESS	501 WATERSKAPE WAY	
CITY-ST-ZIP	ORLANDO FL 34208	
TITLE NAME	ST MILLAN, JUAN	<input type="checkbox"/> Delete
STREET ADDRESS	3956 TOWN CENTER BLVD, #272	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE NAME	M RAMOS, JOSE R	<input type="checkbox"/> Delete
STREET ADDRESS	9402 HILLDROP CT.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE NAME	M TORRES, FLORENCIO	<input type="checkbox"/> Delete
STREET ADDRESS	12621 CRAYFORD AVENUE	
CITY-ST-ZIP	ORLANDO FL 32837	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Manuel Perez-Sanchez	
CITY-ST-ZIP	27509 Breakers Dr, Wesley Chapel	
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]* **SIGNATURE REQUIRED** **2/12/03**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)