


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

0004918

**DOCUMENT # N02000009120**

1. Entity Name  
**IGLESIA DE DIOS IN BITHLO, INC.**



FILED

03 OCT 28 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **18606 HOLLISTER RD ORLANDO FL 32820**

Mailing Address: **18606 HOLLISTER RD ORLANDO FL 32820**



2. Principal Place of Business: **18606 Hollister Rd**

3. Mailing Address: **18606 Hollister Rd**

Suite, Apt. #, etc.

**REINSTATEMENT** 03

4. FEI Number: **30-0154144**

Applied For:  Not Applicable

City & State: **Orlando FL**

City & State: **Orlando FL**

Zip: **32820** Country: **USA**

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

6. Name and Address of Current Registered Agent

**TORRES, LIZETTE**  
**742 HARDWICK CT**  
**ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: **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: \_\_\_\_\_ 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**  
**After September 10, 2003, min will be \$236.25**

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: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>TORRES, LIZETTE</b>	
STREET ADDRESS: <b>742 HARDWICK CT</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32825</b>	
TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>AGOSTO, FRANK</b>	
STREET ADDRESS: <b>629 BABLINICA DR</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32807</b>	
TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>MORALES, RHONDA</b>	
STREET ADDRESS: <b>P.O. BOX 78014</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32878</b>	
TITLE: <b>MD</b>	<input type="checkbox"/> Delete
NAME: <b>PARADISO, MARIA</b>	
STREET ADDRESS: <b>3626 6TH ST</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32820</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>William Rodriguez</b>	
STREET ADDRESS: <b>18525 16th Ave</b>	
CITY-ST-ZIP: <b>Orlando, FL 32833</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>800023586638</b>	
STREET ADDRESS: <b>10/28/03--01040--007</b>	<b>**175.00</b>
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>800023586638</b>	
STREET ADDRESS: <b>10/06/03--01062--009</b>	<b>**61.25</b>
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
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 REQUIRED**

CR2E037 (4/03)