2003 NOT-FOR-PROFIT CORPORATION

U	NIFORM BUSINE	SS REPORT	' (UBR)							
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IGLESIA I	DE DIOS IN BITHLO, INC.					03 OCT	28 Ai	10: 35		
Principal Plac	ce of Business	Mailing Address			1	SECRE	TARY O	F STATE FLORIDA		
18606 HOLLIS		18606 HOLLISTER RD	*			TAELAH	ASSEE,	FLORIDA		
ORLANDO FL	32820	ORLANDO FL 32820								
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	Place of Business - Hellister Rd	3. Mailing Address 18606 He	llister	Rd.		HAR FIRM BRISH ROI	II III III II III I			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		·	REINS	A	MER	HANGE	73	_
City & Stat		OK ando	FI		4. FEI Number	0154	144		ppilod for lot Applicable	
Zip	Country	_ Zip	Country		5. Certificate of S	tatue Desired		\$8.75 AG		1
<u> 52</u>	6. Name and Address of Current F	32820			7. Name and Add			Fee Requir	ed	4
	6. Name and Address of Current i	negistered Agent	Name		7. Name and Add	Iress Of New	negistered	Agent		1
	LIZETTE		Street	Address (I	P.O. Box Number is I	Vot Acceptabl	e)	·		1
	DWICK CT O FL 32825									╡
OnDarb	0 1 2 02020	. *	City					Zip Coo	de	4
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	e named entity submits this statement for tions of registered agent.	the purpose of changing its i	registered office of	or register	ed agent, or both, in	the State of F	orida. I an	n familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent at	and title if applicable. (NOTE:	Registered Agent signa	ature required	when reinstating)		DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE		nd title if applicable. (NOTE:	Registered Agent signe	ature required	when reinstating)		DATE		, , , , , , , , , , , , , , , , , , , 	
j jamenske majer a see		9. Election Cam	paign Financing	ature required	when reinstating) \$5.00 May Be Added to Fees		ake Chec	ck Payable		J
j jamenske majer a see	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Cam 36.25 Trust Fund Co	paign Financing		\$5.00 May Be	Flori	ake Ched da Depa	rtment of	State	J
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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 receive 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 of the corporation of the receive of the corporation of the receive of the corporation of the receive of trustee empowered.

SIGNATURE: