

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

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90059 031 \*\*\*\*70.00

**DOCUMENT # N34983**

1. Entity Name

**NARROW DOOR PENTECOSTAL COUNCIL OF GOD M.I. INC.**



Principal Place of Business

**229 14TH ST.  
HAINES CITY FL 33845  
US**

Mailing Address

**P.O. BOX 836  
HAINES CITY FL 33845**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2978215**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPARRO, PABLO REV.  
229 14TH STREET  
HAINES CITY FL 33844**

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  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **CHAPARRO, PABLO**  
STREET ADDRESS **229 14TH ST**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE ☐ Change ☒ Addition  
NAME **Tranquilino Hernandez**  
STREET ADDRESS **1166 Hookers Point**  
CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **S** ☐ Delete  
NAME **MACY, JOSE F**  
STREET ADDRESS **3301 MAKER AVE., # 102**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TC** ☒ Delete  
NAME **CARMEN, CHAPARRO**  
STREET ADDRESS **122 CITRUS RICE**  
CITY-ST-ZIP **HAINES CITY FL**

TITLE **T/M/D** ☒ Change ☐ Addition  
NAME **Carmen Chaparro**  
STREET ADDRESS **3309 BAKER AVE**  
CITY-ST-ZIP **Haines City FL 33845**

TITLE **D** ☒ Delete  
NAME **BARRIOS, BILIULFO**  
STREET ADDRESS **406 N 20TH ST**  
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Change ☒ Addition  
NAME **Reyna Hernandez**  
STREET ADDRESS **1166 Hookers Point**  
CITY-ST-ZIP **Clewiston, FL 33440**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

*(C.Ch)*

*8/29/2003*

CR2E037 (4/03)