

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90060 032 ****61.25

DOCUMENT # N47862

1. Entity Name
IGLESIA FUENTE DE SALVACION MISIONERA, INC.

Principal Place of Business 1247 MC NIEL RD NORTH FT. MYERS FL 33903 US	Mailing Address % JULIO C. CUELLO 25 S.W. 19TH LANE CAPE CORAL FL 33931
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0324030		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CUELLO, JULIO C. 25 SOUTHWEST 19TH LANE CAPE CORAL FL 33914				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUELLO, JULIO C.		NAME	Cuello, Julio C.	
STREET ADDRESS	25 SW 19TH LANE		STREET ADDRESS	25 SW 19th Lane	
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP	Cape Coral Fl.33914	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ELOISA		NAME	Aguilar Sandra	
STREET ADDRESS	4932 LUEKETT RD		STREET ADDRESS	205 SW 21 Terrace	
CITY-ST-ZIP	FT MYERS FL 33905		CITY-ST-ZIP	Cape Coral Fl.33991	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, SARITA		NAME	Velez Samuel	
STREET ADDRESS	1725 SW SANTA BARBARA PL		STREET ADDRESS	3911 SW 1st Place	
CITY-ST-ZIP	CAPE CORAL FL 33991		CITY-ST-ZIP	Cape Coral, Fl.33914	
TITLE		<input type="checkbox"/> Delete	TITLE	M.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Andujar Domingo	
STREET ADDRESS			STREET ADDRESS	1175 Whitehead Creek loop	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Myers Fl.33916	
TITLE		<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Cuello Esther	
STREET ADDRESS			STREET ADDRESS	25 SW 19th Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Cape Coral, Fl. 33914	
TITLE		<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Alvarado Norberto	
STREET ADDRESS			STREET ADDRESS	1237 Everest Pkway	
CITY-ST-ZIP			CITY-ST-ZIP	Cape Coral, Fl.33904	

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 *[Signature]* 1/30/2002 458-3370
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)