

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90048 016 ****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 33991**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0324030**

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

**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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CUELLO, JULIO**
STREET ADDRESS **25 SW 19TH LANE**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **T** ☐ Delete
NAME **AGUIAR, SANDRA**
STREET ADDRESS **205 SW21 TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☒ Change ☐ Addition
NAME **SANDRA Y. AGUILAR**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VELVET, SAMUEL**
STREET ADDRESS **3911 SW S PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☒ Change ☐ Addition
NAME **Secretary Samuel Velez**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** ☐ Delete
NAME **ANDUJAR, DOMINGO**
STREET ADDRESS **1175 WHITEHEAD CREEK LOOP**
CITY-ST-ZIP **FORT MYERS FL 33916**

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

TITLE **D** ☐ Delete
NAME **CUELLO, ESTER**
STREET ADDRESS **25 SW 19 LANE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **D** ☐ Delete
NAME **ALVAREADO, NORBERTO**
STREET ADDRESS **1237 EVEREST PKY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME **Norberto Alvarado**
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:

STUDY/NOTICE REQUIRED

2/1/03

(239) 458-3370

CR2E037 (10/02)