

DOCUMENT # N92000000513

1. Entity Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC.

Principal Place of Business

6141 PEMBROKE RD
HOLLYWOOD FL 33021

Mailing Address

6141 PEMBROKE RD
HOLLYWOOD FL 33023-2213
US

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

65-0397541

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

Name

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

City

FL

Zip Code

GARCIA, DAVID
126 N.W. 152 AVE
PEMBROKE PINES FL 33028

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

David Garcia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/05/2000
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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GARCIA, DAVID
126 N.W. 152ND AVE
PEMBROKE PINES FL 33028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MIRANDA, PATRIA
4521 S.W. 22 ST
PEMBROKE PINES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SYLVIA LAMAR
1021 Mockingbird Ln H101
Plantation, FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ARROYO-PANTOJA, MARIA C
528 N.W. 157 AVE
PEMBROKE PINES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LUIS A. TRIBUN
12659 NW 13th Street
Sunrise FL 33323 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

David Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2000 (954) 4502616
Date Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90035 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)