

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90508 044 \*\*\*\*70.00

**DOCUMENT # N93000001358**

1. Entity Name  
**IGLESIA BAUTISTA EL CAMINO, INC.**



Principal Place of Business

**5815 CORNELIA AVE  
ORLANDO FL 32807  
US**

Mailing Address

**5815 CORNELIA AVE  
ORLANDO FL 32807  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**1101 SUPERIOR CT.**

Suite, Apt. #, etc.

City & State

City & State

**WINTER SPRINGS, FL**

4. FEI Number **59-3157865**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32708**

**US**

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

**TELLEZ, CARLOS**

**1328 OXALIS AVE  
ORLANDO FL 32807**

Name

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

**7325 RADEL WAY**

City

**ORLANDO**

FL

Zip Code

**32822**

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          | PD                         | <input type="checkbox"/> Delete |
| NAME           | TELLEZ, CARLOS             |                                 |
| STREET ADDRESS | 1328 OXALIS AVE            |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32807           |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | MELIAN, CECILIO            |                                 |
| STREET ADDRESS | 213 APEX POINT, UNIT 111   |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL 32707       |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | GUTIERREZ, JOSE            |                                 |
| STREET ADDRESS | 1324 FOXTON LANE           |                                 |
| CITY-ST-ZIP    | OVIEDO FL 32765            |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | VARGAS, ISMAEL             |                                 |
| STREET ADDRESS | 1830 JASPER DR             |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32807           |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | IGLESIAS, JESUS S          |                                 |
| STREET ADDRESS | 1101 SUPERIOR COURT        |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708    |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, RIGOBERTO       |                                 |
| STREET ADDRESS | 627 PERSHING DRIVE         |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32701 |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Jesús S. Iglesias** 4/1/03 (407) 366-8152

CR2E037 (10/02)