

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90019 049 \*\*\*\*61.25

**DOCUMENT # N98000002864**

1. Entity Name

**IGLESIA DE CRISTO "SU PODER EN ACCION" CORP.**

**80021252**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**719 PRADO CIRCLE  
 KEY WEST FL 33040**

**3330 NORTHSIDE DR. #402  
 KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

**3330 Northside Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 310**

City & State

**Key West, FL**

4. FEI Number

**65-0877178**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33040**

**U.S.A.**

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

**CARRION, JOANN  
 3330 NORTHSIDE DR.  
 #402  
 KEY WEST FL 33040**

Name

**Joann Carrion**

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

**3330 Northside Dr.**

**# 310**

City

**Key West**

**FL**

Zip Code

**33040**

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

*Joann Carrion* / **Joann Carrion**

**1/23/02**

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIRANDA, LUCIANO</b>	
STREET ADDRESS	<b>3330 NORTHSIDE DR., #402</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, ARIEL L</b>	
STREET ADDRESS	<b>3330 NORTHSIDE DR., #324</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRION, JOANN</b>	
STREET ADDRESS	<b>3330 NORTHSIDE DR., #402</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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(9)(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:

*Joann Carrion* / **Joann Carrion**

**1/23/02**

**(305)**

**295-7171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)