

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90075 004 \*\*\*\*61.25

**DOCUMENT # N98000005909**

1. Entity Name:

**IGLESIA PENTECOSTAL LA GRAN COMISION INC.**

Principal Place of Business Mailing Address

13122 CROWELL ROAD  
 BROOKSVILLE FL 34613

13122 CROWELL ROAD  
 BROOKSVILLE FL 34613-4150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13122 Crowell Road

3. Mailing Address

13122 Crowell Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville Fla

City & State

Brooksville Fla

4. FEI Number

59-3538436

Applied For

Not Applicable

Zip

Country

34613

Herrando

Zip

Country

34613

Herrando

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

PACHECO, CONRADO  
 13122 CROWELL ROAD  
 BROOKSVILLE FL 34613

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

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	PD	<input type="checkbox"/> Delete
NAME	PACHECO, CONRADO	
STREET ADDRESS	13122 CROWELL ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PACHECO, MARIA	
STREET ADDRESS	13122 CROWELL ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACHECO, RAFAEL	
STREET ADDRESS	13122 CROWELL ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, POLA	
STREET ADDRESS	8050 W.B. STENENRZON RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T And Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	maria Pacheco	
STREET ADDRESS	13122 Crowell rd	
CITY-ST-ZIP	Brooksville Fla 34613	
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)(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: *Conrado Pacheco* 4-26-00 1162  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 352-597  
 Daytime Phone #

CR2E037 (9/99)