

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


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 030 ****75.00

110501

DOCUMENT # N99000002634

1. Entity Name
IGLESIA BAUTISTA LIBRE ALBEDRIO "SHALOM" INC.



Principal Place of Business
**7400 NW SOUTH RIVER DR.
B
MEDLEY FL 33166**

Mailing Address
**575 WEST 69TH ST
APT. 308
HIALEAH FL 33014**



2. Principal Place of Business
8551 NW South River Dr

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MEDLEY, FL.

City & State

4. FEI Number **65-0930769**

Applied For
Not Applicable

Zip **33166** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PANDIELLO, ADOLFO
575 W 69TH STREET APT 308
HIALEAH FL 33014**

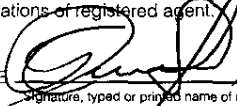
7. Name and Address of New Registered Agent

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  **ADOLFO PANDIELLO** **04-25-03**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PANDIELLO, ADOLFO	
STREET ADDRESS	575 W 69TH STREET APT 308	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GONZALEZ, AUGUSTO	
STREET ADDRESS	711 E 46 ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUZMAN, RAUL	
STREET ADDRESS	1225 W 49 PLAVE APT 1	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	I	<input type="checkbox"/> Delete
NAME	VALLE, ASELA	
STREET ADDRESS	355 E. 16ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:  **ADOLFO PANDIELLO** **04-25-03 (305) 883-4933**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)