

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/1/00-90090-036-\$70.00-\$70.00

**DOCUMENT # N99000005266**

1. Entity Name

**IGLESIA FUENTE DE SALVACION, INC.**

**FILED**

**00 MAR 31 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
3711 N. US HWY. 17      4539 SUE ST.  
DELAND FL 32720      DELEON SPRINGS FL 32130-3271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
3711 N. US HWY 17      4539 SUE STREET  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

DeLand FL-      DeLeon Springs  
City & State      City & State

32724.      Florida  
Zip      Zip  
Country      Country  
U.S.A.      U.S.A.

4. FEI Number      Applied For  
5. Certificate of Status Desired  Not Applicable  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAULINO-VICTORIANO REV.**  
4539 SUE ST.  
DELEON SPRINGS FL 32130

7. Name and Address of New Registered Agent  
Name: **Victoriano Paulino B.**  
Street Address (P.O. Box Number is Not Acceptable):  
~~4539 SUE STREET~~  
**DeLeon Springs FL 32130.**  
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 \_\_\_\_\_ (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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Usher and Treasury</b> <input type="checkbox"/> Delete <b>Ismael Paulino</b> <b>2150 line st. Deland FL 32720</b>
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DeCom+ Records</b> <input type="checkbox"/> Delete <b>Michael Delgado</b> <b>P.O. Box 42 Pierson, FL 32180</b>
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>Victoriano Paulino B.</b> <b>4539 SUE STREET</b> <b>DeLeon Springs FL 32130.</b>
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Victoriano Paulino B.      Date: 1-25-00      (904) 736-3347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**SP**