FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE:

Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90041 045 ****70.00 DOCUMENT # N9900005266 IGLESIA FUENTE DE SALVACION, INC. Mailing Address Principal Place of Business 4539 SUE ST. 3711 N. US HWY. 17 DELEON SPRINGS FL 32130 **DELAND FL 32724** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAULINO, VICTORIANO REV. 4539 SUE ST. **DELEON SPRINGS FL 32130** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. CR2E037 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAULINO, ISMAEL NAME NAME STREET ADDRESS 2150 LIME ST STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE DELGADO, MISHAEL NAME NAME STREET ADDRESS P.O. BOX 42 STREET ADDRESS CITY-ST-ZIP PIERSON FL 32180 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F PAULINO, VICTORIANO NAME NAME 4539 SUE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELEON SPRINGS FL 32130** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.