

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

0059032

DOCUMENT # N99000005266

1. Entity Name

IGLESIA FUENTE DE SALVACION, INC.

01-23-2002 90008 033 *****70.00

Principal Place of Business

Mailing Address

3711 N. US HWY. 17
 DELAND FL 32724

4539 SUE ST.
 DELEON SPRINGS FL 32130

2. Principal Place of Business

3. Mailing Address

3711 N. US HWY 17
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
 4539 SUE ST.

City & State

Deland FL

City & State

Deleon Springs

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

Zip
 32724

Country
 Volusia

Zip
 FL 32130

Country
 Volusia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULINO, VICTORIANO REV.
4539 SUE ST.
DELEON SPRINGS FL 32130

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	T	<input type="checkbox"/> Delete
NAME	PAULINO, ISMAEL	
STREET ADDRESS	2150 LIME ST	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELGADO, MISHAEL	
STREET ADDRESS	P.O. BOX 42	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULINO, VICTORIANO	
STREET ADDRESS	4539 SUE STREET	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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(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:

Paulino
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-02 386-736-3347

Date Daytime Phone #

CR2E037 (9/01)