

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90334 015 \*\*\*\*70.00

**DOCUMENT # N99000005266**

1. Entity Name  
**IGLESIA FUENTE DE SALVACION, INC.**



Principal Place of Business      Mailing Address  
**3711 N. US HWY. 17**      **4539 SUE ST.**  
**DELAND FL 32724**      **DELEON SPRINGS FL 32130**

**10013036**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	<b>PAULINO, ISMAEL</b>
STREET ADDRESS	<b>2150 LIME ST</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DELGADO, MISHAEL</b>
STREET ADDRESS	<b>P.O. BOX 42</b>
CITY-ST-ZIP	<b>PIERSON FL 32180</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PAULINO, VICTORIANO</b>
STREET ADDRESS	<b>4539 SUE STREET</b>
CITY-ST-ZIP	<b>DELEON SPRINGS FL 32130</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>RIGOBERTO PAULINO</b>
STREET ADDRESS	<b>909 S. FLORIDA AVE</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
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: \_\_\_\_\_ **SIGNATURE REQUIRED**

1-24-03 (386) 738-3647

CR2E037 (10/02)