

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90009 042 ****70.00

DOCUMENT # P09076

1. Entity Name
COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" C ORPORATION

Principal Place of Business Mailing Address
778 APPALOOSA ~~P.O. BOX 367~~
MONTURA-CLEWISTON FL 33440 ~~LA BELLE FL 33975~~
US ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address *90 ALEXANDRA MONTIEL*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PO BOX 2428

City & State City & State
PENSACOLA FL 32513

4. FEI Number Applied For
11-2731213 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MONTIEL, ALEXANDRA
10948 NW 26TH ST. MB 8819
PO BOX 367 PO BOX 2428
LA BELLE FL 33975 PENSACOLA FL 32513

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.

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
+ 8.75
\$70.00

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		
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTIEL, ALEXANDRA	
STREET ADDRESS	778 APALOOSA AVENUE	
CITY-ST-ZIP	MONTURA, CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEPPA, RAFAEL JR	
STREET ADDRESS	7400 3RD AVE	
CITY-ST-ZIP	NORTH BERGEN NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELUIRA, GARCIA	
STREET ADDRESS	10948 NW 26TH ST	
CITY-ST-ZIP	SUNRISE, FT LAUDERDALE FL	
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]* Date: **2/11/02** Daytime Phone #: **18002258872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)