

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35635

1. Entity Name
Missionary Church of The Disciples of Jesus Christ

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90001 020 ****70.00

B0027781

DO NOT WRITE IN THIS SPACE

Principal Place of Business
15906 E. SAN BERNARDINO RD
COVINA, CA 91722

Mailing Address
15906 E. SAN BERNARDINO RD
COVINA, CA 91722

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 95-4271655	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Cesar Rivera
144 N E 9th Court Ste 3
Homestead, FL 33030

7. Name and Address of New Registered Agent

Name **CE SAR RIVERA**

Street Address (P.O. Box Number is Not Acceptable)
15480 S.W., 260 ST

City **NARANJA** FL Zip Code **33032**

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 **2/17/2000**

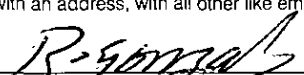
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Gonzalez, Rolando 15906 E. San Bernardino Covina, CA 91722 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPSD Gonzalez, Rolando 15906 E. San Bernardino Rd. Covina, CA 91722 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD Gonzalez, Rolando 15906 E. San Bernardino Rd. Covina, CA 91722 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE **2/14/00** (626) 814-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)