

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47411

1. Entity Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE

Principal Place of Business

1600 MABBETTE STREET
KISSIMMEE FL 34741

Mailing Address

1600 MABBETTE STREET
KISSIMMEE FL 34741-5564

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

7. Name and Address of New Registered Agent

RIVERA, JORGE I.
1322 OAK GROVE CT
KISSIMMEE FL 34744

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	DO	<input type="checkbox"/> Delete
NAME	RIVERA, JORGE I.	
STREET ADDRESS	1322 OAK GROVE CT.	
CITY-ST-ZIP	KISSIMMEE FL 34774	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TORRES, NYDIA	
STREET ADDRESS	2416 PLACETAS CT.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AYALA, MARILYN	
STREET ADDRESS	3654 LATE MORNING CIR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SEGURA, LESBIA	
STREET ADDRESS	810 WAKEFIELD WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, MARIA S.	
STREET ADDRESS	204 LINDO CT.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, IVAN	
STREET ADDRESS	3390 MORNINGSIDE DR	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noemi Rodriguez	
STREET ADDRESS	2410 CANCUN CT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angel Montijo	
STREET ADDRESS	3092 Stillwater Dr	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIO DE JESUS	
STREET ADDRESS	304 CHIQUITA CT	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIQUE REYES	
STREET ADDRESS	801 Country Crossing St	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salvatore, Rubi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben Salvatella	
STREET ADDRESS	3457 Fox Crossing Dr	
CITY-ST-ZIP	KISSIMMEE FL 34741	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90046 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

01-20-00 (407)
846-3061