2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED DOCUMENT # 731832 May 01, 2000 8:00 am 1. Entity Name **Secretary of State** PENTECOSTAL CHURCH THE LIGHT OF THE WORLD 05-01-2000 90491 037 ****61.25 Principal Place of Business Mailing Address 1142-N-W 19TH-ST _ 1142 N W 19TH ST PO BOX 5692 PO BOX 5692 FT LAUDERDALE FL 33310-5692 FT LAUDERDALE FL 33310 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0054945 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARMOLEJOS, VIRGILIO 13450 S.W. 6TH PLACE DAVIE FL 33325 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. (NOTE: Registered red when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change ☐ Addition ☐ Delete TITLE DEL VALLE, AURELIO NAME NAME STREET ADDRESS STREET ADDRESS 1206 NW 11TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Addition Change ☐ Delete TITLE TITLE MARMOLEJOS, VIRGILIO NAME STREET ADDRESS STREET ADDRESS 13450 S.W. 6TH PLACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☐ Change ☐ Addition □ Delete TITLE MARMOLEJOS, YNOELIA NAME STREET ADDRESS STREET ADDRESS 13450 S.W. 6TH PLACE CITY-ST-ZIP CITY-ST-7IP DAVIE FL 33325 ☐ Change ☐ Addition Delete TITLE TITLE FIGUEROA, DORIS NAME NAME STREET ADDRESS STREET ADDRESS 5108-NW-1ST-AVE4-CITY-ST-ZIP CITY-ST-ZIP DRoberto Escudero Delete ☐ Change ☐ Addition TITLE TITLE 2674 N.W. GOTH Way NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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