

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47411

1. Entity Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90005 043 ****61.25

Principal Place of Business

Mailing Address

1600 MABBETTE STREET
KISSIMMEE FL 34741

1600 MABBETTE STREET
KISSIMMEE FL 34741

8 2 0 1 3 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DO RIVERA, JORGE I. 1322 OAK GROVE CT. KISSIMMEE FL 34774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, NOAMI 2410 CANCUN CT KISSIMMEE FL 34743	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYALA, MARILYN 3654 LATE MORNING CIR. KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTIJO, ANGEL 3092 STILLWATER DR KISSIMMEE FL 34743	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DE JESUS, CLAUDIO 304 CHIQUITA CT KISSIMMEE FL 34758	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR S REYES, ENRIQUE 801 COUNTRY CROSSING ST KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENIZARD, EDISON 2622 CHATHAM CR Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MALDONADO, WANDA 2464 SHELBY CR. Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, Glenda 911 SAN RAFAEL WAY Kissimmee, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Tirado, Ruben 74 Pine Island Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Velez, Ivan 5205 Jasmine Ln. Kissimmee, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYES ENRIQUE 801 COUNTRY CROSSING ST Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 407-846-3061

Date

Daytime Phone #

CR2E037 (10/00)