

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005845**

1. Entity Name

**IGLESIA DE DIOS MONTE HOREB, INC.**

Principal Place of Business

**10518 CR 746-A  
WEBSTER FL 33597**

Mailing Address

**10518CR746-A  
WEBSTER FL 33597**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3373649**

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

**RILEY, CHARLENE T  
276 N. MARKET BLVD.  
WEBSTER FL 33597**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BENAVIDES, CRISTOBAL</b>	
STREET ADDRESS	<b>10518 C.R. 746-A</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BENAVIDES, EMILIA</b>	
STREET ADDRESS	<b>10518 C.R. 746-A</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, CARLOS J</b>	
STREET ADDRESS	<b>113 SHILOH ST</b>	
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, MICHAEL J</b>	
STREET ADDRESS	<b>23 SE 1 AVE</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BENAVIDES, IRENE</b>	
STREET ADDRESS	<b>10610 CR 746-A</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CEBALLOS, NALO</b>	
STREET ADDRESS	<b>10610 CR 746-A</b>	
CITY-ST-ZIP	<b>WEBSTER FL 33597</b>	

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:

**MICHAEL J. HARRIS** 02-16-01 (352) 793-7541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90013 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)