## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2002 8:00 am DOCUMENT # **N95000005845 Secretary of State** 1. Entity Name IGLESIA DE DIOS MONTE HOREB, INC. 03-18-2002 90186 023 \*\*\*\*61.25 Mailing Address Principal Place of Business 10518CR746-A 10518 CR 746-A WEBSTER FL 33597 WEBSTER FL 33597 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3373649 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RILEY, CHARLENE T 276 N. MARKET BLVD. WEBSTER FL 33597 Zip Code City 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. Date Broken St. J. C. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) File Service Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. SCHOOL STATE OFFICERS AND DIRECTORS 11. (9/01)☐ Addition ☐ Change Pasting of ☐ Delete TITLE TITLE BENAVIDES, CRISTOBAL NAME STREET ADDRESS STREET ADDRESS 10518 C.R. 746-A CITY-ST-ZIP CITY-ST-7IP WEBSTER FL 33597 ☐ Addition Change Delete TITLE TITLE NAME BENAVIDES, EMILIA NAME STREET ADDRESS STREET ADDRESS 10518 C.R. 746-A CITY-ST-ZIP" CITY-ST-ZIP WEBSTER FL 33597 Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, CARLOS J NAME NAME STREET ADDRESS STREET ADDRESS 113 SHILOH ST CITY-ST-ZIP CITY-ST-ZIP Lady Lake <u>FL 32159</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HARRIS, MICHAEL J STREET ADDRESS STREET ADDRESS 23.SE 1 AVE CITY-ST-7IP CITY-ST-ZIP WEBSTER FL 33597 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENAVIDES, IRENE NAME NAME STREET ADDRESS STREET ADDRESS 10610 CR 746-A CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597 ☐ Delete ☐ Addition TITLE TITLE NAME NAME CEBALLOS, NALO STREET ADDRESS STREET ADDRESS 10610 CR 746-A CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER OFFICER

03-04-02 (352)793-4328

FILED