

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90046 019 ****70.00

DOCUMENT # 705368

1. Entity Name

IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO INTERNACI

Principal Place of Business

5449 S SEMORAN BLVD
 STE 217
 ORLANDO FL 32822

Mailing Address

5449 S SEMORAN BLVD
 STE 217
 ORLANDO FL 32822

2. Principal Place of Business

4940 Hoffner Ave

Suite, Apt. #, etc.

3. Mailing Address

4940 Hoffner Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number

66-0497143

Applied For

Not Applicable

Zip

32812

Country

Orange

Zip

32812

Country

Orange

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NAZARIO, REV EDGAR
 7454 HALLOW RIDGE CIRCLE
 ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

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

4940 Hoffner Ave

City

Orlando

FL

Zip Code

32812

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

Rev. Edgar Nazario

4/11/2001

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

TITLE **PD** ☐ Delete
 NAME **NARAZIO, REV EDGAR**
 STREET ADDRESS **7454 HALLOW RIDGE CIR**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **VD** ☒ Delete
 NAME **MARTINEZ, REV. PEDRO**
 STREET ADDRESS **2776 RIVER RIDGE DR**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **SD** ☐ Delete
 NAME **TORRES, REV SAMUEL**
 STREET ADDRESS **7830 ALTAVAN AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **VS** ☐ Delete
 NAME **PANZARDI, REV SANTIAGO**
 STREET ADDRESS **2120 NEW STREET**
 CITY-ST-ZIP **ORLANDO FL 32877**

TITLE **TD** ☐ Delete
 NAME **SANTOS, REV MANUEL A**
 STREET ADDRESS **1511 PLANTATION GROVE CT APT 527**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **VT** ☐ Delete
 NAME **FONTANEZ, REV MISAE**
 STREET ADDRESS **11241 CYPRESS LEAF DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **4940 Hoffner Ave.**
 STREET ADDRESS **Orlando FL 32812**

TITLE ☐ Change ☒ Addition
 NAME **Robles, Rev. Jose**
 STREET ADDRESS **2175 NW 33rd St.**
 CITY-ST-ZIP **Miami, FL 33142**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIG. FOR RESUME/D. Torres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2001 (407) 856-7997
 Date Daytime Phone #

CR2E037 (10/00)