

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

0020698

03-28-2002 90158 039 \*\*\*\*61.25

**DOCUMENT # 716836**  
 1. Entity Name  
**IGLESIA BAUTISTA GETSEMANI, INC.**

Principal Place of Business <b>5298 N.W.7TH ST. MIAMI FL 33126</b>	Mailing Address <b>5298 N.W.7TH ST. MIAMI FL 33126</b>
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-2226611</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	---



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**ALFONSO, ODELFA**  
**101 SW 62ND CT**  
**MIAMI FL 33144**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOREIRA, A</b>	
STREET ADDRESS	<b>9888 FOUNTAINBLUE BLVD #305</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LANZA, LUIS</b>	
STREET ADDRESS	<b>8273 NW 7TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FLORIDA 33126</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ODELFA, ALFONSO</b>	
STREET ADDRESS	<b>101 SW 62 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLAVELO, ERNESTO</b>	
STREET ADDRESS	<b>6807 SW 105TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GONZALEZ, ENRIQUE</b>	
STREET ADDRESS	<b>2540 SW 16TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTRO, JUAN</b>	
STREET ADDRESS	<b>8615 NW 85TH STREET #120</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMERICO VAZQUEZ</b>	
STREET ADDRESS	<b>615 W PARK DR. # 203</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33174</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANOLO ALVAREZ</b>	
STREET ADDRESS	<b>13950 SW 16 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33175</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIZABETH ISMAIL</b>	
STREET ADDRESS	<b>7235 SW 19 ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33155</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS M. RICARDO</b>	
STREET ADDRESS	<b>6239 SW 90 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33196</b>	

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:** *Odelfa Alfonso* **3-13-2002** **305-264-0112**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)