


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90453 047 \*\*\*\*61.25

**DOCUMENT # 716836**

1. Entity Name  
**IGLESIA BAUTISTA GETSEMANI, INC.**



Principal Place of Business  
**5298 N.W. 7TH ST.  
MIAMI FL 33126**

Mailing Address  
**5298 N.W. 7TH ST.  
MIAMI FL 33126**

**00001004**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-2226611** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAZQUEZ, AMERICO</b> <input type="checkbox"/> Delete <b>615 W PARK DR #203</b> <b>MIAMI FL 33174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALVAREZ, MANOLO</b> <input type="checkbox"/> Delete <b>13950 SW 16 TERRACE</b> <b>MIAMI FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ODELFA, ALFONSO</b> <input type="checkbox"/> Delete <b>101 SW 62 CT</b> <b>MIAMI FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLAVELO, ERNESTO</b> <input checked="" type="checkbox"/> Delete <b>6807 SW 105TH CT</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ISMAIL, ELIZABETH</b> <input type="checkbox"/> Delete <b>7235 SW 19 ST</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICARDO, LUIS M</b> <input checked="" type="checkbox"/> Delete <b>6239 SW 90 TERRACE</b> <b>MIAMI FL 33196</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAIRO RIGOBERTO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1045 S.W. 12 CT</b> <b>MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAGALY TALLON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9779 N.W. 127 TERR.</b> <b>HALEAH GARDEN FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMANDO ROUCE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5271 N.W. 5 ST</b> <b>MIAMI FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL LEON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5230 N.W. 1ST APT 406</b> <b>MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HECTOR JORDAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3602 N.W. 6 ST</b> <b>MIAMI FL 33125</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Alfonso Odelfa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003 305-264-0112

CR2E037 (10/02)