2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2002 8:00 am **DOCUMENT # 733137** 1. Entity Name **Secretary of State** "IGLESIA NI CRISTO" CHURCH OF CHRIST, INC. 01-23-2002 90032 048 ****70.00 Principal Place of Business Mailing Address 4550 FIRESTONE ROAD 1617 SOUTHGATE AVENUE JACKSONVILLE FL 32210 CORPORATE AFFAIRS DEPT. DALY CITY CA 94015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7087109 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) VILLANUEVA. FLORANTE S 7066 PRELLIE STREET JACKSONVILLE FL 32210 City 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 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITI F ☐ Change ■ Addition TITLE ☐ Delete MANALO, ERANO G NAME NAME CORNER CENTRAL & COMMONWEALTH AVENUES STREET ADDRESS STREET ADDRESS DILIMAN, QUEZON CITY, PHILIP 1107 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MANALO, EDUARDO V. NAME NAME **CORNER CENTRAL & COMMONWEALTH AVENUES** STREET ADDRESS STREET ADDRESS DILIMAN, QUEZON CITY, PHILIP 1107 CITY-ST-ZIP CITY-ST-7IP ☐ Delete - - ~ -د د تس TITLE TITLE Change Ch Addition TUMANAN, ARNEL A NAME NAME CORNER CENTRAL & COMMONWEALTH AVENUES STREET ADDRESS STREET ADDRESS DILIMAN, QUEZON CITY. PHILIP CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SURATOS, ERNESTO V NAME NAME **CORNER CENTRAL & COMMONWEALTH AVENUES** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DILIMAN, QUEZON CITY, PHILIP 1107 CITY-ST-ZIP AD ☐ Delete TITLE TITLE Change ☐ Addition SANTOS, MANUEL B NAME NAME 1655 SOUTHGATE AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP DALY CITY CA 94015 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition GAMO, ARTHUR V NAME NAME 1617 SOUTHGATE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALY CITY CA 94015 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 employered 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 after like empowered changed, or on an attachment with

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR