


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745166 (9)
1. Entity Name
Iglesia Canaan Defensores de la Fe, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2001 Westfall Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 450668
Suite, Apt. #, etc.

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Kissimmee, FL

Zip
32817

Country
USA

Zip
34745

Country
USA

4. FEI Number
Not Applicable

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Pastor Hector Rodriguez

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

City Kissimmee FL Zip Code 34744

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 *REV Hector Rodriguez*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

300024103239
10/27/03--01022--005 **\$61.25

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hector Rodriguez 833 Woodfield Ct Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Noemi Del Valle 833 Woodfield Ct Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rita Garcia 204 Old Bay Lane Kissimmee, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramonita Baer 832 Woodfield Ct Kissimmee, FL 34744

CR2E034B (12/02)

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *REV Hector Rodriguez* 10-22-03 407 344 2732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/10/25