

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90003 044 ****70.00

DOCUMENT # 765931

1. Entity Name

IGLESIA DE CRISTO AREA DE MINISTERIOS ASOCIADOS

Principal Place of Business

Mailing Address

5392 SILVER STAR RD.
 ORLANDO FL 32808

5392 SILVER STAR RD.
 ORLANDO FL 32808

2. Principal Place of Business

5392 Silver Star Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State

Orlando, Florida

City & State

Same

Zip

32808

Country

Orange

Zip

Country

4. FEI Number

05-0147900

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ROBERTO
 4548 SAN SEBASTIAN CR.
 ORLANDO FL 32808

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

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
After September 12, 2001, min. will be \$236.25

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
 NAME PEREZ, REV. ROBERTO DIAZ
 STREET ADDRESS 4548 SAN SEBASTIAN CR.
 CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE D
 NAME DIAZ, ROBERTO R
 STREET ADDRESS 3009 KNIGHTSBRIDGE RD
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE SD
 NAME HERRERA, EDNA N.
 STREET ADDRESS 6567 MERITMOOR CR.
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE VD
 NAME DIAZ, SAULO
 STREET ADDRESS 2055 GRAYSTONE TR.
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

8/15/01

(407) 294-5430

0004146

CR2E037 (5/01)