

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90035 030 ****70.00

DOCUMENT # 767334

1. Entity Name

IGLESIA EVANGELICA MENONITA ARCAS DE
 SALVACION INC.

Principal Place of Business Mailing Address

126 Catalina St. PO Box 50058
 Ft. Myers, Fl. Ft. Myers, Fl.
 33905 33994

80102192

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-1788846 Not Applicable

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

6. Name and Address of Current Registered Agent

David Maldonado
 3225 4TH St. West
 Lehigh Acres, Fl. 33971

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 Armando Pacheco - Secretary-

Armando Pacheco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	MALDONADO, DAVID	
STREET ADDRESS	3225 4TH ST. WEST	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33971	
TITLE	S	<input type="checkbox"/> Delete
NAME	PACHECO, ARMANDO	
STREET ADDRESS	1409 SE 20TH PL.	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	MELLENDEZ, DANICE	
STREET ADDRESS	3804 3RD. ST. W.	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33971	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FRANCISCO, RICARDO	
STREET ADDRESS	355 FAIRFAX DR.	
CITY-ST-ZIP	FT. MYERS, FL.	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RIVERA, MARCELINA	
STREET ADDRESS	1409 SE 20TH PL.	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MORALES, FRANCISCO	
STREET ADDRESS	12625 2ND ST.	
CITY-ST-ZIP	FORT MYERS, FL.	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, EMMA	
STREET ADDRESS	12625 2ND. ST.	
CITY-ST-ZIP	FORT MYERS, FL.	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLENDEZ, ANGEL	
STREET ADDRESS	3804 3RD. ST. W.	
CITY-ST-ZIP	LEHIGH ACRES, FL.	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, SEBASTIAN	
STREET ADDRESS	607 SE 2ND AVE.	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	
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		

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: ARMANDO PACHECO - Sectr.

Armando Pacheco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)