

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769259

1. Entity Name

JUVENTUD EVANGELICA, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90236 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O MR. & MRS. VICTOR D. LOPEZ  
MACOMA 139. SHELL POINT VILLAGE  
FT MYERS FL 33908

C/O MR. & MRS. VICTOR D. LOPEZ  
MACOMA 139. SHELL POINT VILLAGE  
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2439292

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LOPEZ, VICTOR D.  
SHELL POINT VILLAGE  
139 MACOMA COURT  
FT. MYERS FL 33908

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**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LOPEZ, VICTOR D.  
STREET ADDRESS MACOMA 139 SHELL PT VILL  
CITY-ST-ZIP FORT MYERS FL

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

TITLE VD ☐ Delete  
NAME REIFSNYDER, MARGARET  
STREET ADDRESS 827 AMBASSADOR LOOP  
CITY-ST-ZIP TAMPA FL

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

TITLE STD ☐ Delete  
NAME LOPEZ, ETHEL O.  
STREET ADDRESS MACOMA 139 SHELL PT VILL  
CITY-ST-ZIP FORT MYERS FL

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

TITLE BM ☐ Delete  
NAME MANSFIELD, LORRAINE A  
STREET ADDRESS 9315 STERLING LANE  
CITY-ST-ZIP PORT RICHEY FL

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

TITLE BM ☐ Delete  
NAME RODRIGUEZ, LOUISA  
STREET ADDRESS 30 MONTROSE AVE., APT. 12-T  
CITY-ST-ZIP BROOKLYN NY

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: VICTOR D. LOPEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 (941) 466-1194

CR2E037 (9/99)