

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90118 039 ****70.00

DOCUMENT # 825115

1. Entity Name

ASSEMBLY OF PENTECOSTAL CHURCH OF JESUS CHRIST,



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3452 W. NORTH AVENUE CHICAGO IL 60647 US	Mailing Address 3452 W. NORTH AVENUE CHICAGO IL 60647-4842 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 51-0109562	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**QUINONES, GABINO REV
4808 MALARKEY ST
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	P <input type="checkbox"/> Delete
NAME	TORRES, OTONIEL REV
STREET ADDRESS	3837 W N AVE
CITY-ST-ZIP	CHICAGO IL 60647
TITLE	D <input type="checkbox"/> Delete
NAME	MONCLOVA, PABLO REV
STREET ADDRESS	CALLE 410 MI-23 CC
CITY-ST-ZIP	CAROLINA, PUERTO RICO 00983
TITLE	VP <input type="checkbox"/> Delete
NAME	NUNEZ, REV. JUAN
STREET ADDRESS	2649 W HIRSCH ST
CITY-ST-ZIP	CHICAGO IL 60622
TITLE	S <input type="checkbox"/> Delete
NAME	MORENO, ANGEL L REV
STREET ADDRESS	2120 W MIDDLEMASS STREET
CITY-ST-ZIP	MILWAUKEE WI
TITLE	T <input type="checkbox"/> Delete
NAME	GERENA, RAMON REV.
STREET ADDRESS	5759 W. 64TH PLACE
CITY-ST-ZIP	CHICAGO IL 60638
TITLE	D <input type="checkbox"/> Delete
NAME	RAMOS, HECTOR L
STREET ADDRESS	165 700 ROAD
CITY-ST-ZIP	NEW OXFORD PA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: Rev. Angel L. Moreno Rev. Angel L. Moreno 2/26/2000 (773)862-6775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)