

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90173 038 \*\*\*\*61.25

**DOCUMENT # 825115**

1. Entity Name

**ASSEMBLY OF PENTECOSTAL CHURCH OF JESUS CHRIST, INC.**

Principal Place of Business

Mailing Address

3452 W. NORTH AVENUE  
 CHICAGO IL 60647  
 US

3452 W. NORTH AVENUE  
 CHICAGO IL 60647  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0199562**

Applied For

Not Applicable

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

**QUINONES, GABINO REV**  
**9020 BLACK BEAR LN**  
**WINTER GARDEN FL 34787**

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  Delete  
 NAME **P TORRES, OTONIEL REV**  
 STREET ADDRESS **3837 W N AVE**  
 CITY-ST-ZIP **CHICAGO IL 60647**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **5200 W. 63 Pl**  
 CITY-ST-ZIP **Chicago, IL 60638**

TITLE  Delete  
 NAME **D MONCLOVA, PABLO REV**  
 STREET ADDRESS **CALLE 410 MI-23 CC**  
 CITY-ST-ZIP **CAROLINA, PUERTO RICO 00983**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP NUNEZ, REV. JUAN**  
 STREET ADDRESS **2649 W HIRSCH ST**  
 CITY-ST-ZIP **CHICAGO IL 60622**

TITLE  Change  Addition  
 NAME **Vice-President**  
 STREET ADDRESS **Lebron, Angel L. Rev.**  
 CITY-ST-ZIP **325 E. King St. Lancaster, PA 17602**

TITLE  Delete  
 NAME **S MORENO, ANGEL L REV**  
 STREET ADDRESS **2120 W MIDDLEMASS STREET**  
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T GERENA, RAMON REV.**  
 STREET ADDRESS **5759 W. 64TH PLACE**  
 CITY-ST-ZIP **CHICAGO IL 60638**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RAMOS, HECTOR L**  
 STREET ADDRESS **165 700 ROAD**  
 CITY-ST-ZIP **NEW OXFORD PA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **16 Oxwood Circle**  
 CITY-ST-ZIP **New Oxford, PA 17350**

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: *Res. Angel L. Moreno* REVEREND Angel L. Moreno 02/06/2002 (414) 384-6272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)