

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90149 038 \*\*\*\*61.25

**DOCUMENT # F00000005702**



1. Entity Name  
**IGLESIA MARANATHA I, INC.**

Principal Place of Business  
**2507 3RD STRET EAST  
LEHIGH ACRES FL 33972**

Mailing Address  
**2507 3RD STRET EAST  
LEHIGH ACRES FL 33972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2379988**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SANTOS, YOLANDA  
2507 3RD STREET EAST  
LEHIGH ACRES FL 33972**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, FERNANDO</b>	
STREET ADDRESS	<b>2507 3RD STREET EAST</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, YOLANDA</b>	
STREET ADDRESS	<b>2507 3RD STREET EAST</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DEJESUS, ORLANDO</b>	
STREET ADDRESS	<b>7301 NAVY STREET</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NIEVES, NIVEA</b>	
STREET ADDRESS	<b>3100 E 3RD STREET</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, JESUS</b>	
STREET ADDRESS	<b>3100 E 3RD STREET</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, CALEB</b>	
STREET ADDRESS	<b>2507 E 3RD STREET</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	

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		
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: *[Signature]* **RECEIVED**

1/25/03 239-368-3310

CR2E037 (10/02)