## 2003 NOT-FOR-PROFIT CORPORATION

## FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F02000003688 1. Entity Name 04-28-2003 91453 026 \*\*\*\*70.00 ASOCIACION DE MISIONEROS PARA CRISTO INC. Principal Place of Business Mailing Address PO BOX 783 PO BOX 783 ADJUNTAS PR 00601 ADJUNTAS PR 00601 Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE JESUS, CARLOS W 451 NW 19TH STREET POMPANO BEACH FL 33060-4851 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 the obligations of registered agent. tered agent and title if applicable (NOTE: Registered Agent signature requi 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change Addition TITLE DE JESUS, CARLOS W NAME NAME STREET ADDRESS 451 NW 19TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060-4851 ☐ Addition TITLE ☐ Change 🔀 Delete TITLE RUIZ, WILFREDO ROSAD NAME NAME STREET ADDRESS STREET ADDRESS RURAL RD #526, KILOMÉTER 3.5, TANAMA CITY-ST-ZIP CITY-ST-ZIP ADJUNTAS, PUERTO RICO 00601 Change 🔏 Delete TITLE Addition DE JESUS, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 451 NW 19TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 TITLE J Delete TITLE REGUERA, NEREIDA NAME NAME STREET ADDRESS STREET ADDRESS 3527 WILES ROAD, APT. #103 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE

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 with all other like empowered changed, or on an attachment with an address,

STREET ADDRESS CITY-ST-ZIP

NAME

**SIGNATURE** 

NAME STREET ADDRESS