

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90400 001 \*\*\*\*61.25  
02-17-2003 90400 002 \*\*\*105.00

**DOCUMENT # F93000005539**

1. Entity Name

**THE CHURCH OF GOD INTERNATIONAL MOVEMENT INC.**



Principal Place of Business

**PO BOX 7288  
CAGUAS, PUERTO RICO 00725**

Mailing Address

**PO BOX 7288  
CAGUAS, PUERTO RICO 00725**

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 **65-0481400**

Applied For

Not Applicable

5. Certificate of Status Desired **12**

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, LUIS  
1611 MAPLE AVE  
LEHIGH ACRES FL 33936**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

|                                                |                                                                                                    |                                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GARCIA, JACINTO</b><br><b>BO. BUENA VISTA</b><br><b>HUMACAO PR</b>                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SANTANA, VICTOR</b><br><b>APTDO.1042</b><br><b>GURABO PR</b>                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>TORRES, DAVID</b><br><b>CARR 173 KM 2.0 INTERIOR</b><br><b>CIDRA PR</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CAPELES, JULIO O</b><br><b>CALLE #2 B-9, URB. LAS CAROLINAS</b><br><b>CAGUAS PR</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GONZALEZ, GERMAN</b><br><b>HC-02 BOX 15273</b><br><b>CAROLINA PR</b>                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RODRIGUEZ, RUBEN</b><br><b>REPARTO SAN JOSE CALLE 1-E-29</b><br><b>GURABO PR</b>    | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 of Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Secretary - January 24, 2003**

CR2E037 (10/02)

ATTACHMENT

To whom it may concern;

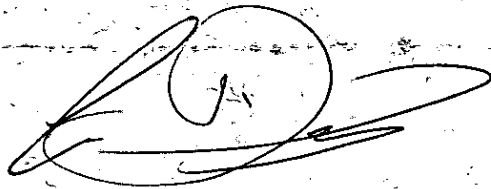
SS007781

F93000005539

Please send me  
8 copies of the Certificate of  
Status

12 @ 8.75 = 105.00 pd by  
CK# 1010

and fee is 61.25 pd by CK#  
1009



Thank you,

