

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005747

1. Entity Name

CONCILIO DE IGLESIA DE CRISTO MISIONERA, M.I., I

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90049 045 ****70.00

Principal Place of Business	Mailing Address
PO BOX 1809 RIO GRANDE RIO GRANDE PR 00745 US	PO BOX 1809 RIO GRANDE RIO GRANDE PR 00745-1809 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
66-0437370	Not Applicable

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

CARABALLO, WILFREDO
207 ALABAMA AVENUE
ST. CLOUD FL 34769

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 Rev. Wilfredo Caraballo 1/22/2000 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	POMALES, ALFREDO R	
STREET ADDRESS	BOX 118	
CITY-ST-ZIP	SAINT JUST PR 00926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OJEDA, WILLIAM R	
STREET ADDRESS	BOX 1902	
CITY-ST-ZIP	MONTE BRISAS, FAJARDO, PR 00738	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERALES, BENJAMIN R	
STREET ADDRESS	BOX 1793	
CITY-ST-ZIP	CANOVANAS PR 00729	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELENDEZ, LUIS A REV	
STREET ADDRESS	BOX 230C NA	
CITY-ST-ZIP	NAGUABO PR 00718	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. Wilfredo Caraballo 1-13-2000 787-748-5864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)