2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am DOCUMENT # F9400005747 **Secretary of State** 1. Entity Name 03-05-2001 90090 001 *****8.75 CONCILIO DE IGLESIA DE CRISTO MISIONERA, M.I., I 03-05-2001 90090 002 ****61.25 Principal Place of Business Mailing Address PO BOX 1809 PO BOX 1809 RIO GRANDE RIO GRANDE RIO GRANDE PR 00745 RIO GRANDE PR 00745 HŜ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 66-0437370 Not Applicable Zip Country Country \$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 Name Street Address (P.O. Box Number is Not Acceptable) CARABALLO, WILFREDO 207 ALABAMA AVENUE ST. CLOUD FL 34769 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition POMALES, ALFREDO R NAME NAME STREET ADDRESS STREET ADDRESS **BOX 118** CITY-ST-ZIP CITY-ST-ZIP SAINT JUST PR 00926 Change TITLE Delete TITLE VD Addition OJEDA, WILLIAM R NAME NAME BURGOS, LUCAS STREET ADDRESS STREET ADDRESS **BOX 1902** REPARTO LOPEZ CANDAL SOLAR #33 MONTE BRISAS, FAJARDO, PR 00738 CITY-ST-ZIP CITY-ST-ZIP GURABO, PR 00778 ☐ Addition TITLE ☐ Delete TITLE ☐ Change PERALES, BENJAMÍN R NAME NAME STREET ADDRESS STREET ADDRESS **BOX 1793** CITY-ST-ZIP CITY-ST-ZIP CANOVANAS PR 00729 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MELENDEZ, LUIS A REV NAME NAME STREET ADDRESS BOX 230C NA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAGUABO PR 00718 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP == TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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