

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005747

1. Entity Name

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

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90037 021 ****75.00

Principal Place of Business

PO BOX 1809
RIO GRANDE
RIO GRANDE PR 00745
US

Mailing Address

PO BOX 1809
RIO GRANDE
RIO GRANDE PR 00745
US

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 **66-0437370**

Applied For

Not Applicable

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

CARABALLO, WILFREDO
207 ALABAMA AVENUE
ST. CLOUD FL 34769

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
Signature, typed or printed name of registered agent and title if applicable.
Rev Wilfredo Caraballo

(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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **POMALES, ALFREDO R**
STREET ADDRESS **BOX 118**
CITY-ST-ZIP **SAINT JUST PR 00926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **BURGOS, LUCAS**
STREET ADDRESS **REPARTO LOPEZ CANDAL SOLAR #33**
CITY-ST-ZIP **GURABO PR 00778**

TITLE **VD** ☒ Change ☐ Addition
NAME **Benjamin Perales**
STREET ADDRESS **Box 1793**
CITY-ST-ZIP **Canóvanas PR 00729**

TITLE **SD** ☒ Delete
NAME **PERALES, BENJAMIN R**
STREET ADDRESS **BOX 1793**
CITY-ST-ZIP **CANOVANAS PR 00729**

TITLE **SD** ☒ Change ☐ Addition
NAME **Rubén Díaz**
STREET ADDRESS **RR7 Box 7563**
CITY-ST-ZIP **San Juan PR 00926**

TITLE **TD** ☐ Delete
NAME **MELENDEZ, LUIS A REV**
STREET ADDRESS **BOX 230C NA**
CITY-ST-ZIP **NAGUABO PR 00718**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 1-787-887-4710

CR2E037 (9/01)