

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002418

1. Entity Name

FIRST CHURCH OF GOD OF THE SEVENTH DAY, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90051 002 ****70.00

Principal Place of Business

Mailing Address

PO BOX 46192
 PHILADELPHIA PA 19160-6192

PO BOX 46192
 PHILADELPHIA PA 19160-6192

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-0976240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ, JOSE
1597 BAY CLUB RD.
OVIEDO FL 32765

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD NIEVES, REINALDO**
 STREET ADDRESS **128 E NIELD ST**
 CITY-ST-ZIP **W. CHESTER PA 19382**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PEREZ, MIGUEL A**
 STREET ADDRESS **3234 ANDREW LAKE RD**
 CITY-ST-ZIP **FREDERICA DE 19946**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD NIEVES, ANGEL J**
 STREET ADDRESS **528 S. WALNUT ST.**
 CITY-ST-ZIP **W. CHESTER PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD COLON, JORGE L**
 STREET ADDRESS **RT 1 BOX 714**
 CITY-ST-ZIP **FELTON DE**

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)(l), 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:

Reinaldo Nieves
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 Date

610-430-0603
 Daytime Phone #

CR2E037 (9/99)