

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-29-2002 93598 036 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000002418 ✓
1. Entity Name First Church of God of the Seventh Day, Inc
DBA/ Church of God of the Seventh Day, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO Box 46192
Suite, Apt. #, etc.
3. Mailing Address PO Box 46192
Suite, Apt. #, etc.

39032

DO NOT WRITE IN THIS SPACE

City & State Phila, PA
Zip 19160-6192 Country USA
City & State Phila, PA
Zip 19160-6192 Country USA

4. FEI Number 230976240 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Jorge L. Colon
Street Address (P.O. Box Number is Not Acceptable) 1723 Brook Hollow Drive
City Orlando FL Zip Code 32824

I, 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 Jorge L. Colon TD 4/30/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pd Nieves, Reinaldo</u> <u>128 E. Niells St</u> <u>W. Chester, PA 19382</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Perez, Miquel A</u> <u>3234 ANDREW Lk RD</u> <u>Frederico, DE 19946</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SB Nieves, Angel J.</u> <u>526 S. Walnut St</u> <u>W. Chester, PA 19382</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD Colon, Jorge L.</u> <u>1723 Brook Hollow Dr.</u> <u>Orlando, FL 32824</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Reinaldo Nieves Reinaldo Nieves 4/30/02 610-430-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

Attachment

39032

F95000002419



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

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