

2/26.

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90514 040 \*\*\*\*75.00

**DOCUMENT # N00000000893**

1. Entity Name

IGLESIA EBENEZER DE ASAMBLEAS DE DIOS, INC.

Principal Place of Business

119 MARION OAKS BLVD UNIT E  
OCALA FL 34473

Mailing Address

119 MARION OAKS BLVD UNIT E  
OCALA FL 34473

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

REYES, REINALDO  
 119 MARION OAKS BLVD UNIT 3  
 Ocala FL 34473

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

**SECRETARY** ☒ Delete  
**PATRICIA ROMAN**  
**6150 SW 15th PL RD**  
**OCALA, FL 34473**

**Pastor** ☐ Delete  
**Reinaldo Reyes (D)**  
**1841 SW 16th Ave**  
**Ocala, FL 34473**

**Treasure** ☐ Delete  
**Armando Pina (T)**  
**14450 SW 44th Ave**  
**Ocala, FL 34473**

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**GENERAL SECRETARY** ☐ Change ☒ Addition  
**NILDA M. PINA**  
**14450 SW 44th Ave (T)**  
**OCALA, FL 34473**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

2/18/01

Date

352-245-9806

Daytime Phone #

CR2E037 (10/00)