

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

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90044 015 \*\*\*\*70.00

DOCUMENT # **N000000001034**  
1. Entity Name **Iglesia "Jesucristo Vive" Asambleas de Dios**  
**West Palm Beach Fl.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**854 Conniston Road**  
Suite, Apt. #, etc.

3. Mailing Address **P.O. Box**  
**7546**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach Fl. 33405**

City & State  
**West Palm Bch Fl. 33405**

4. FEI Number  
**65-1032317**

Applied For  
Not Applicable

Zip  
**33405**

Country  
**U.S.A.**

Zip  
**33405**

Country  
**U.S.A.**

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  
**Pedro J. Galindo**  
Street Address (P.O. Box Number is Not Acceptable)  
**3231 French Ave**

City  
**West Palm Beach FL** Zip Code  
**33401**

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

**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  
**Pastor**  
**Pedro J. Galindo**  
**"SAME"**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Wm Secretary**  
**Wilfredo Gomez**  
**3339-HOUSATONIC DR**  
**WEST PALM BEACH, FL. 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Treasurer**  
**Anibal Monroig**  
**922 Sunset Road**  
**West Palm Beach Fl. 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Deacon**  
**Juliana Martinez**  
**300 REX AVE APT #3**  
**LAKE WORTH, FL. 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Deacon**  
**Rosendo Gonzalez**  
**3326 BOUTWELL**  
**LAKE WORTH FL. 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Deacon**  
**Sofia Castillo**  
**2814 FRENCH AVE**  
**LAKE WORTH FL 33461**

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-07-02 (561) 432-3458**

Date

Daytime Phone #

CR2E037B (12/01)

**DO NOT WRITE  
IN THIS SPACE**