

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

DOCUMENT #

1. Entity Name

MINISTRY "THE GOSPEL OF GOD" MATTHEW 28:19 CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2324 Seminole Blvd

Suite, Apt. #, etc.

West Palm Beach

City & State

Florida

Zip

33409

Country

U.S.A.

3. Mailing Address

2324 Seminole Blvd.

Suite, Apt. #, etc.

West Palm Beach

City & State

Florida

Zip

33409

Country

U.S.A.

FILED

02 APR -1 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/13/01 90129 001 6125
DO NOT WRITE IN THIS SPACE
002 8-75

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

REV. MARGARITA DICRISCI

Street Address (P.O. Box Number is Not Acceptable)

166 Northampton "I"

CENTURY VILLAGE

City

West Palm Beach

FL

Zip Code

33417

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 acceptable if applicable.

(NOTE: Registered Agent signature required when reinstating)

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****236.25 ****236.25

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

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\$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
P
DICRISCI, MARGARITA REV.
166 NORTHAMPTON I FL. 33417
WEST PALM BEACH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
GONZALEZ, ADELA
2324 SEMINOLE BLVD
West Palm Beach FL. 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROMERO, ALEYDA
2324 SEMINOLE BLVD
WEST PALM BEACH FL. 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
GONZALEZ, ELIAS
2324 SEMINOLE BLVD
WEST PALM BEACH FL. 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
ROMERO, CARLOS
2324 SEMINOLE BLVD
WEST PALM BEACH FL. 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
73

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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:

Rev. Margarita Dicrisci

CR2E037B (12/01)