

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 91100 001 \*\*\*\*\*8.75  
02-24-2003 91100 002 \*\*\*\*\*61.25

**DOCUMENT # N00000001334**

1. Entity Name

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



Principal Place of Business  
**2324 SEMINOLE BLVD  
WEST PALM BEACH FL 33409**

Mailing Address  
**2324 SEMINOLE BLVD  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DICRISCI, MARGARITA REV.  
166 NORTHAMPTON "I"  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name **REV. MARGARITA DICRISCI**  
Street Address (P.O. Box Number is Not Acceptable)  
**278 NORTHAMPTON "N"  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DICRISCI, MARGARITA REV. 166 NORTHAMPTON "I", CENTURY VILLAGE WEST PALM BEACH FL 33417</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GONZALEZ, ADELA 2324 SEMINOLE BLVD. WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROMERO, ALEYDA 2324 SEMINOLE BLVD. WEST PALM BEACH FL 33409</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GONZALEZ, ELIAS 2324 SEMINOLE BLVD. WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ROMERO, CARLOS 2324 SEMINOLE BLVD. WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DICRISCI, MARGARITA REV. 278 northampton "N" century Village. West P. B.Fl. 33417</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Margarita Dicrisci*

2/8/03

(561) 615-7679

CR2E037 (10/02)