

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001419

1. Entity Name

IGLESIA ENCUENTRO CON DIOS DE A/G INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90102 035 ****75.00

Principal Place of Business P.O. BOX 2311 OKEECHOBEE FL 34972	Mailing Address P.O. BOX 2311 OKEECHOBEE FL 34972
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2. Principal Place of Business 112 S.E. 5th Ave.	3. Mailing Address P.O. Box 2311
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okeechobee, FL.	City & State Okeechobee, FL.
Zip 334972	Country USA

4. FEI Number	Applied For. <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, AUGUSTO
133 WINDSOR G
WEST PALM BEACH
WEST PALM BCH FL 33417-YW00

7. Name and Address of New Registered Agent

Name
Martinez, Humberto

Street Address (P.O. Box Number is Not Acceptable)
1807 S Parrott Ave. Apt. #B101

City
Okeechobee FL Zip Code
34972

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 *Humberto Martinez* DATE 1/6/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, AUGUSTO 133 WINDSOR #G WEST PALM BCH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBLEDO, JULIETA 604 NW 6TH AVE OKEECHOBEE FL 34972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTILLO, MARTHA 1546 NW 36TH #20 OKEECHOBEE FL 34972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martinez, Humberto 1807 S Parrott Ave#B101 Okeechobee, FL. 34972	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Morin, Betsaida 1420 NE 55th Trail Okeechobee FL. 34974	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Romero, Jesus 693 nw 21st Lane Okeechobee, FL. 34972	<input type="checkbox"/> Change <input checked="" 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: *Humberto Martinez* DATE 1/6/2001, 863-824-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0063490

CR2E037 (10/00)