

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

DOCUMENT # N00000001419

1. Entity Name

IGLESIA ENCUENTRO CON DIOS DE A/G INC.



7/31

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90069 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

112 S.E. 5TH AVE  
OKEECHOBEE FL 34972

P.O. BOX 2311  
OKEECHOBEE FL 34972

**33054240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MARTINEZ, HUMBERTO**  
**7650 HWY 78 WEST**  
**OVER MAN PARK, LOT 54**  
**OKEECHOBEE FL 34974**

Name **VICTOR M SILVA**

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

**693 NW 21 St Lane**

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. 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

**08-10-03**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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 **PD** ☒ Delete  
NAME **MARTINEZ, HUMBERTO**  
STREET ADDRESS **7650 HWY 78 WESTM LOT 54**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PD** ☐ Change ☒ Addition  
NAME **VICTOR M SILVA**  
STREET ADDRESS **693 NW 21 St Lane**  
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **TSD** ☒ Delete  
NAME **ROMERO, JESUS**  
STREET ADDRESS **693 NW 21ST LANE**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **OCASIO, WILLIAM**  
STREET ADDRESS **425 NE 31ST WAY**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(f), 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**

**08-28-03**

**305)785-7607**

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)