

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-26-2001 90080 042 ****61.25

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1. Entity Name

IGLESIA CRISTIANA RENUENO DE JUSTICIA, INC.



Principal Place of Business

Mailing Address

2327 HANCOCK BRIDGE PKWY.
 CAPE CORAL FL 33990

2327 HANCOCK BRIDGE PKWY.
 CAPE CORAL FL 33990

2. Principal Place of Business

4506 Del Prado Blvd. So.

3. Mailing Address

P.O. Box 150457

Suite, Apt. #, etc.

Cape Coral

Suite, Apt. #, etc.

City & State

33904

City & State

Cape Coral, Fl.

Zip

Fl.

Country

Lee

Zip

33915

Country

Lee

4. FEI Number

65-0983018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

02182



6. Name and Address of Current Registered Agent

DIAZ, SANDRA E
 525 S.E. 23RD PL.
 CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name DIAZ, Sandra E.

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

1327 SE 8 PL.

City Cape Coral

FL

Zip Code

33990

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

**FILE NOW:
 FEE IS \$61.25**

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	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	SANDRA E. DIAZ - D	1327 S.E. 8 PLACE	CAPE CORAL, FL. 33990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AGUSTIN MELENDEZ - D	416 S.E. 19 LN.	CAPE CORAL, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALWIN R. GONZALEZ - D	2203 N.E. 1ST TERRACE	CAPE CORAL, FL. 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LAURELINA N. VELAZQUEZ - D	1314 N.E. VAN LOON LN.	CAPE CORAL, FL. 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JORGE A. RIVERA - D	2107 N.E. 1ST TERRACE	CAPE CORAL, FL. 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LILLIAM M. GONZALEZ - D	2203 N.E. 1ST TERRACE	CAPE CORAL, FL. 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

ALWIN R. GONZALEZ ALWIN R. GONZALEZ - T/S 1/15/2001 - 941-574-3068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)