

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90109 038 ****61.25

DOCUMENT # N00000001739

1. Entity Name

IGLESIA CRISTIANA RENUENO DE JUSTICIA, INC.

Principal Place of Business

Mailing Address

**4506 DEL PRADO BLVD. SOUTH
 CAPE CORAL FL 33904**

**P.O. BOX 150457
 CAPE CORAL FL 33915**

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

65-0983018

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

**DIAZ, SANDRA E
 1327 SE 8 PLACE
 CAPE CORAL FL 33990**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DIAZ, SANDRA E | |
| STREET ADDRESS | 1327 SE 8 PL. | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MELLENDEZ, AGUSTIN | |
| STREET ADDRESS | 416 SE 19 LANE | |
| CITY-ST-ZIP | CAPR CORAL FL | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, ALWIN R | |
| STREET ADDRESS | 2203 NE 1ST TERRACE | |
| CITY-ST-ZIP | CAPE CORAL FL 33909 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | VELAZQUEZ, LAUDELINA N | |
| STREET ADDRESS | 1314 NE VAN LOON LANE | |
| CITY-ST-ZIP | CAPE CORAL FL 33909 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | RIVERA, JORGE A | |
| STREET ADDRESS | 2107 NE 1ST TERRACE | |
| CITY-ST-ZIP | CAPE CORAL FL 33909 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, LILLIAN M | |
| STREET ADDRESS | 2203 NE 1ST TERRACE | |
| CITY-ST-ZIP | CAPE CORAL FL 33909 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALWIN R. GONZALEZ **ALWIN R. GONZALEZ** **TS-1/10/2002** **941-574-3068**

CR2E037 (9/01)