

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90578 001 \*\*\*140.00

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**DOCUMENT # N00000001916**

1. Entity Name

**FARO DE LUZ INTERNACIONAL A MINISTRY OF CENTRO C  
RISTIANO LATINOAMERICANO GETSEMANI ASAMBLEAS DE**



Principal Place of Business

**404 NW 14 AVE  
GAINESVILLE FL 32601**

Mailing Address

**404 NW 14 AVE  
GAINESVILLE FL 32601**

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 **59-3164570**

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

**ROJAS, RAMON J  
3631 N W 19TH STREET  
GAINESVILLE FL 32605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**SENIOR PASTOR**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/03**

**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 **PT** ☐ Delete  
NAME **ROJAS, RAMON J**  
STREET ADDRESS **3631 N W 19TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE **TT** ☒ Delete  
NAME **ZAMOT, JOSE M**  
STREET ADDRESS **7318 N W 52ND TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **TT** ☐ Change ☒ Addition  
NAME **JUAN M. CASTAÑO**  
STREET ADDRESS **3619 NE 11 TERR**  
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **ST** ☒ Delete  
NAME **FLORES, JOSE J**  
STREET ADDRESS **2007 SW 73 STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **ST** ☐ Change ☒ Addition  
NAME **JOSE J. SIFONTES**  
STREET ADDRESS **4117 SW 20 AVE, APT. 55**  
CITY-ST-ZIP **GAINESVILLE, FL**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

**SENIOR PASTOR** **RAMON J. ROJAS**

**1/9/03**

**(352) 378-0078**

CR2E037 (10/02)