2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2002 8:00 am Secretary of State DOCUMENT # **N00000004349** 1. Entity Name IGLESIA CRISTIANA EN WEST KENDALL. INC. 05-06-2002 90035 008 ****70.00 Principal Place of Business Mailing Address 14774-76 SW 56TH ST. 14774-76 SW 56TH ST. MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address 13100 SW 59 SW 88 St 13500 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite 285-C</u> City & State & State 4. FEI Number Applied For Florida Miami 65-1041328 Not Applicable Zip Gountry Miami Dade \$8.75 Additional ,5. Certificate of Status Desired ८। ९७ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BLIFFEN, JOHN D 10904 SW 146TH AVE. **MIAMI FL 33186** City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition NAME BLIFFEN, JOHN D NAME STREET ADDRESS 10904 SW 146TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change ROLAND, PAUL NAME STREET ADDRESS 5228 SW 152 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 CITY-ST-ZIP TITLE DP Delete TITLE **Change** ☐ Addition Larry Griffin 5372 Leaning NAME GRIFFIN, LARRY A NAME Oak Dr. STREET ADDRESS 14774 SW 56TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

REGRAPBIN SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR