

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90075 008 \*\*\*\*61.25

**DOCUMENT # N00000004612**

1. Entity Name

**MISSIONARY MINISTRY "AMERICA FOR CHRIST" INC.**

Principal Place of Business

**8941 N W 117TH TERRACE  
HIALEAH GARDENS FL 33018**

Mailing Address

**8941 N W 117TH TERRACE  
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1032161**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANTAMARINA, JOSE R  
8941 N W 117TH TERRACE  
HIALEAH GARDENS FL 33018**

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	SANTAMARINA, JOSE R	
STREET ADDRESS	8941 N W 117TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAFAEL	
STREET ADDRESS	15031 S W 43RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33185	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	GOMEZ, FRANCISCO	
STREET ADDRESS	16196 S W 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWNS, LLOYD	
STREET ADDRESS	2725 W 64 PL., #23 BLD 51	
CITY-ST-ZIP	HIALEAH FL 33016	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROQUE, PEDRO	
STREET ADDRESS	941 E 45TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

**SANTAMARINA, JOSE R.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-11-02 (305) 821-7960**

CR2E037 (9/01)