

2001 UNIFORM BUSINESS REPORT (UBR) ^{\$7}

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90116 001 ****70.00

DOCUMENT # N00000005082

1. Entity Name

IGLESIA PENTECOSTAL DE JESUCRISTO LA NUEVA JERUS

Principal Place of Business

**1014 FLORIDA PARKWAY
 KISSIMMEE FL 34743**

Mailing Address

**1014 FLORIDA PARKWAY
 KISSIMMEE FL 34743**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59323 4474

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DELGADO, ABEL
 1014 FLORIDA PARKWAY
 KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **DELGADO, ABEL**
 STREET ADDRESS **1014 FLORIDA PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **SD** ☐ Delete
 NAME **TRUJILLO, ANA**
 STREET ADDRESS **1014 FLORIDA PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **TD** ☐ Delete
 NAME **LUYANDA, PRICILLA**
 STREET ADDRESS **1014 FLORIDA PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete
 NAME **CARDONA, REOMUNDO**
 STREET ADDRESS **1014 FLORIDA PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete
 NAME **GARCIA, JUAN**
 STREET ADDRESS **1014 FLORIDA PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete
 NAME **MENDEZ, SAMUEL**
 STREET ADDRESS **1014 FLORIDA PARKWAY**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Abrey, Juan E.**
 STREET ADDRESS **1012 Florida Pkwy.**
 CITY-ST-ZIP **Kissimmee, FL 34743**

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

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01 407 4605408
 Date Daytime Phone #

CR2E037 (10/00)