

FILED
Jul 05, 2001 8:00 am
Secretary of State

05-15-2001 90115 015 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005570

1. Entity Name

IGLESIA JESUCRISTO FUENTE DE AMOR DE LA FLORIDA

Principal Place of Business

1350 JOHN YOUNG PARKWAY SOUTH STE C
KISSIMMEE FL 34741

Mailing Address

1350 JOHN YOUNG PARKWAY SOUTH STE C
KISSIMMEE FL 34741

2. Principal Place of Business

- SAME -

Suite, Apt. #, etc.

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593710043

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

SALDADIN, MIGUEL A
2403 QUEENSWOOD CIR
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

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

2403 QUEENSWOOD circle

City Kissimmee

FL

Zip Code

34743

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: Nancy J Saladin (Pastor)

4/28/01

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

(NOTE: Registered Agent signature required when resigning)

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	DIRECTOR <input type="checkbox"/> Delete
NAME	NANCY SALADIN
STREET ADDRESS	2403 QUEENSWOOD CIRCLE
CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	OFFICERS <input type="checkbox"/> Delete
NAME	MIGUEL SALADIN
STREET ADDRESS	2403 QUEENSWOOD CIRCLE
CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	OFFICER <input type="checkbox"/> Delete
NAME	FRANCISCO FLETE
STREET ADDRESS	421 Fountainhead Apt. 113
CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	OFFICER <input type="checkbox"/> Delete
NAME	SANDRA TORRES
STREET ADDRESS	838 BLANC CT
CITY-ST-ZIP	Kissimmee, FL 34759
TITLE	OFFICER <input type="checkbox"/> Delete
NAME	YOCASTA CAMPBELL
STREET ADDRESS	942 LOURVE CT
CITY-ST-ZIP	Kissimmee, FL 34759
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

Nancy J Saladin (Pastor)

4/28/01

407-344-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)