

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

7. Name and Address of New Registered Agent

SALDADIN, MIGUEL A
2403 QUEENSWOOD CIR
KISSIMMEE FL 34743

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Delete
NAME NANCY SALADIN
STREET ADDRESS 2403 QUEENSWOOD CIRCLE
CITY-ST-ZIP Kissimmee, FL 34743

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

TITLE OFFICERS ☐ Delete
NAME MIGUEL SALADIN
STREET ADDRESS 2403 QUEENSWOOD CIRCLE
CITY-ST-ZIP Kissimmee, FL 34743

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

TITLE OFFICER ☐ Delete
NAME FRANCISCO FLETE
STREET ADDRESS 421 FOUNTAINHEAD Apt. 113
CITY-ST-ZIP Kissimmee, FL 34743

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

TITLE OFFICER ☐ Delete
NAME SANDRA TORRES
STREET ADDRESS 838 BLANC CT
CITY-ST-ZIP Kissimmee, FL 34759

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

TITLE OFFICER ☐ Delete
NAME YOCASTA CAMPBELL
STREET ADDRESS 942 LOURVE CT
CITY-ST-ZIP Kissimmee, FL 34759

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)