

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 08:00^{ATX1}AM
Secretary of State

DOCUMENT # NO1000000851

1. Entity Name

IGLESIA CRISTIANA HISPANA DE CAPE CORAL FL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1921 SE 5 CT Suite, Apt #, etc		3. Mailing Address 1921 SE 5 CT Suite, Apt. #, etc,	
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL	4. FEI Number 65-1072882	Applied For <input type="checkbox"/> Not Applicable
Zip 33990-2208	Country USA	Zip 33990-2208	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MARCUS ESCOBAR	
	Street Address (P.O. Box Number is Not Acceptable) 39 NE 9TH PL	
	City CAPE CORAL	FL Zip Code 33909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GERONIMO LEOPOLDO 1921 SE 5 CT CAPE CORAL FL 33990-2208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000137097 04/29/04-80026-000 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND TREASURER NAPOLEON ESCOBAR 39 NE 9TH PL CAPE CORAL FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AURA ESTEL ESCOBAR 39 NE 9TH PL CAPE CORAL FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	239-573-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #