

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91290 043 ****61.25

DOCUMENT # N01000002596

1. Entity Name

SOCIEDAD BIBLICA VALERA, INC.



Principal Place of Business

**440 CHADSON ST
PENSACOLA FL 32514**

Mailing Address

**440 CHADSON ST
PENSACOLA FL 32514**

2. Principal Place of Business

PO Box 7610

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7610

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

32534

Country

USA

Zip

32534

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCARDLE, JOHN J SR
440 CHADSON ST
PENSACOLA FL 32514**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **MCARDLE, JOHN J SR**
STREET ADDRESS **440 CHADSON ST**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
NAME **BRUSH, DONALD L**
STREET ADDRESS **522 HIALEAH DR**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME **GARCIA, PAUL**
STREET ADDRESS **3195 SW 5TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **GEORGE NA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JORGE GARCIA**
STREET ADDRESS **3195 SW 5TH Street**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Change ☒ Addition
NAME **BILLY LIENBEE**
STREET ADDRESS **522 HIALEAH DRIVE**
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE ☐ Change ☐ Addition
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:

SIC

2/17/03

850-471-1213

CR2E037 (10/02)