2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am g Secretary of State DOCUMENT # N0100002679 05-27-2002 90361 021 ****75.00 IGLESIA DE ADORACION FAMILIAR, INC. Principal Place of Business Mailing Address 5904 DEWITTE PL 5904 DEWITTE PL LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address nummaSuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3346 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARRIENTOS, JOSE M 5904 DEWITTE PL LAKE WORTH FL 33463 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Tesorer Delete TITLE TITLE Addition Ramirez NAME NAME Wavconda Way 6018 STREET ADDRESS STREET ADDRESS Worth. Fl. 33463 CITY-ST-ZIP CITY-ST-ZIP and Tesurera Assil Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 5904 Dewitt STREET ADDRESS STREET ADDRESS 53463 are worth it CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition Sommest. A when NAME NAME NOW Waveonda STREET ADDRESS STREET ADDRESS F1.33463 CITY-ST-ZIP . NtroW she CITY-ST-ZIP TITLE Pastor ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 4000 STREET ADDRESS STREET ADDRESS NFroW CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.