


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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90175 023 \*\*\*\*70.00

**DOCUMENT # N01000002679**

1. Entity Name  
**IGLESIA DE ADORACION FAMILIAR, INC.**



Principal Place of Business: **5904 DEWITTE PL LAKE WORTH FL 33463**  
Mailing Address: **5904 DEWITTE PL LAKE WORTH FL 33463**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number **65-1095658** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARRIENTOS, JOSE M**  
**5904 DEWITTE PL**  
**LAKE WORTH FL 33463**

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>TD</b>	<b>RAMIREZ, <del>IGNACIA</del> IGNACIA</b> <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: <b>6078 WAUCONDA WAY</b>	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: <b>LAKE WORTH FL 33463</b>	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: <b>SD</b>	<b>BARRIENTOS, MARIA</b> <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: <b>5804 DEWITT PL</b>	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: <b>LAKE WORTH FL 33463</b>	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: <b>D</b>	<b>RAMIREZ, SANTA H</b> <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: <b>6078 WAWCONDA WAY E</b>	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: <b>LAKE WORTH FL 33463</b>	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: <b>D</b>	<b>BARREINTAR, JOSE</b> <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: <b>5904 DEWITT PL</b>	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: <b>LAKE WORTH FL 33463</b>	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	CITY-ST-ZIP: _____
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: _____	CITY-ST-ZIP: _____	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.

SIGNATURE: **SIGNATURE REQUIRED** 3-15-03 (561) 255-4406

CR2E037 (10/02)