

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90094 035 ****70.00

DOCUMENT # NO1000004206

1. Entity Name

IGLESIA PRESBITERIANA NUEVA ESPERANZA, INC.

Principal Place of Business

Mailing Address

**2019 GILMORE ST.
 JACKSONVILLE FL 32204**

**PO BOX 54183
 JACKSONVILLE FL 32245**

2. Principal Place of Business

8084 Normandy Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32221

USA

Zip

Country

4. FEI Number

74-3037391

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KELLY, EDWARD L
 1301 RIVERPLACE BLVD., STE. 1500
 JACKSONVILLE FL 32207**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
 NAME **ARZOLA, CARLOS**
 STREET ADDRESS **301 CARAVAN CIR., #308**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

T ☒ Delete
 NAME **HERNANDEZ, LUIS**
 STREET ADDRESS **9 CURRENT AVE.**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

T ☒ Delete
 NAME **LOPEZ, NORMA**
 STREET ADDRESS **10525 MONACO DR., #120**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

T ☒ Delete
 NAME **MORALES, CARLOS**
 STREET ADDRESS **7802 ANDES DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

D ☒ Change ☐ Addition
 NAME **MENENDEZ, AUGUSTO**
 STREET ADDRESS **1591 S. Lane Avenue #144-W**
 CITY-ST-ZIP **Jacksonville, FL 32210**

D ☒ Change ☐ Addition
 NAME **MENENDEZ, CARMEN**
 STREET ADDRESS **1745 Wells Road #707**
 CITY-ST-ZIP **Orange Park, FL 32073**

D ☒ Change ☐ Addition
 NAME **MOQUETE, ELSA**
 STREET ADDRESS **2553 Americas Cup Ct. E.**
 CITY-ST-ZIP **Atlantic Beach, FL 32233**

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

☐ Change ☐ Addition
 TITLE
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02

CR2E037 (9/01)