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

## DOCUMENT # N01000004725

1. Entity Name

MINISTERIO EVANGELISTICO AGUA DE LA PENA. INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90069 045 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D VENTURA, LUZ E 625 PORT MALABAR RD. PALM BAY FL 32905 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D GONZALES, WANDA 209 PRINCE AVE. MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	1			The state of the s	9			
PAIN BAY FL 2005  2. Principal Place of Business  Suite, Apr. #, etc.   Suite, Apr. #, etc.   Chy & State  City &	Principal Place of Business		Mailing Address					
Sulfo, Apt. #, etc.   ChECK HERE F MAKING CHANGES  City & Stato   City & City & Stato   City & Cit	2565 PALM BAY RD.		625 PORT MALABAR BLVD NE			0		
Sulfo, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & City	حب - د سيج					DI 11011 DENI BANK BANK BENJ BANK BIBN 1840E I		
City & State  City & Country  City			3. Mailing Address					
Zip Country Zip Country Sp730726	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
E, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  City	City & State		City & State		4. FEI Number 59-3730726 Applied For			
Street Address of New Registered Agent  VENTURA, LORENZO E 825 PORT MALABAR RD. PALM BAY FL 32905  6. In one 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.  SIGNATUPE  SIGNATUPE  FILE NOW: FEE IS \$61.25  9. Electrich Campaign Financing Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS	Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	ditional	
VENTURA, LORENZO E 625 PORT MALABAR RD. PALM BAY FL 32305  City  City  FL  Zip Code  Fl  Zip Code  Fl  Zip  City  FL  Zip Code  Fl  Zip  Code  Florida Department of State  Florida		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Addr	<u> </u>		
RES PORT MALABAR RD. PALM BAY FL 32905  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stato of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing \$5.00 May Ba Added to Fees Added to				Name	···			
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **SIGNATURE**    Signature   Topoto or proved name of registered agent and 266 if application.   (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Author of Plorida and I am familiar with, and accept the obligations of registered agent.   Author of Plorida and I am familiar with, and accept the obligations of registered agent.   Author of Plorida and I am familiar with, and accept the obligations of registered agent.   Author of Plorida and I am familiar with, and accept the obligations of registered agent.   Author of Plorida and I am familiar with, and accept the obligations of registered agent.   Author of Plorida and I am familiar with, and accept the obligations of registered agent.   Author of Plorida agent and I am familiar with, and accept the obligations of registered agent.   Author of Plorida agent and I am familiar with, and accept the obligation of registered agent.   Author of Plorida agent and I am familiar with, and accept the obligation of registered agent.   Author of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida agent and I am familiar with, and accept the obligation of Plorida ag				Street Address (		P.O. Box Number is Not Acceptable)		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-17-03