

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

DOCUMENT # **NO1000005914**

1. Entity Name

Smirna Pentecostal Church, Inc.



FILED
03 SEP 25 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1311 Delaware Ave

Suite, Apt. #, etc.

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State

Zip
34950

Country
USA

Zip

Country

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **J. Jesus Cruz**

Street Address (P.O. Box Number is Not Acceptable)

1403 Birch Street

City **Fort Pierce**

FL

Zip Code
34950

**DO NOT WRITE
IN THIS SPACE**

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)

9/12/03

DATE

FEE IS \$61.25
Initial or Amended UBR

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 ☒
NAME **J. Jesus Cruz**
STREET ADDRESS **1403 Birch St**
CITY-ST-ZIP **Fort Pierce, FL. 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400023512904
10/02/03--01053--001 **\$61.50

TITLE ☒
NAME **Cruz, Alicia**
STREET ADDRESS **1403 Birch St**
CITY-ST-ZIP **Fort Pierce, FL. 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400023512904
10/02/03--01053--002 **\$61.50

TITLE ☒
NAME **Cruz, Heriberto**
STREET ADDRESS **1403 Birch St**
CITY-ST-ZIP **Fort Pierce, FL. 34950**

TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/03

Date

Daytime Phone #

CR2E037B (12/02)


Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

September 12, 2003

To Whom It May Concern:

I am including a total payment of \$123.00 to cover the payments from last year and this one. We did not pay before because we did not received any notice and also I did not know I had to pay anything else. Please send the notice to the address in the UBR.

Thanks for your attention to this matter.



J. Jesus Cruz (presidente)