

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

**DOCUMENT #**  
 1. Entity Name N01000006959  
 IGLESIA CRISTO ES LA VICTORIA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8215 sun spring cir	3. Mailing Address 8215SUN SPRING CIR
Suite, Apt. #, etc. APT.81	Suite, Apt. #, etc. APT 81

DO NOT WRITE IN THIS SPACE

City & State ORLANDO	City & State ORLANDO	4. FEI Number # 36-4196406	Applied For Not Applicable
Zip 32825	Country ORANGE	Zip 32825	Country ORLANDO

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7. Name and Address of Current Registered Agent

Name JUAN ALVAREZ
Street Address (P.O. Box Number is Not Acceptable) 8215 SUN SPRING CIR
APT.81
City Orlando
State FL
Zip 32825

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 *Rear. Juan Alvarez* 4-22-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE	T	TITLE	
NAME	Ruth N Alvarez	NAME	
STREET ADDRESS	8215 Sun Spring Circle apt8	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32825	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Carmelo Oquendo, Sr	NAME	
STREET ADDRESS	1103 Najac Lane	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, Fl 34759-7029	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Juan Alvarez	NAME	
STREET ADDRESS	8215 Sun Spring Circle apt8	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32825	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Eliud Alvarez	NAME	
STREET ADDRESS	716 Maloney Lane	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32825	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Monica Alvarez	NAME	
STREET ADDRESS	716 Maloney Lane'	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32825	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 IN THIS SPACE

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: *Rear. Juan Alvarez* 4-22-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)