

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90182 022 ****61.25

DOCUMENT# NO1000006959

1. Entity Name

IGLESIA CRISTO ES LA VICTORIA,
INC.



JUL130629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8215 Sun Spring Cir.

Suite, Apt. #, etc.

APT. 81

City & State

Orlando

Zip

32825

Country

Orange

3. Mailing Address

8215 Sun Spring Cir

Suite, Apt. #, etc.

APT. 81

City & State

Orlando

Zip

32825

Country

Orange

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4. FEI Number

36-4196406

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

FL

Zip Code
32825

**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

Ran Juan Alvarez

Signature, typed or printed name of registered agent, or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-13-03

DATE

FEE IS \$81.25
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
STREET ADDRESS
CITY-ST-ZIP

T. Juan Alvarez *Apt 81*
8215 Sun Spring Circle
Orlando, Fl 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T. Wanda Hernandez
668 River Woods Circle
Orlando Fl. 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T. Carmen Ortiz
8520 Valencia Village Ln.
Orlando Fl. 32825 *Apt 105*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Ran Juan Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-03

Date

Daytime Phone #

CR2E037B (12/02)