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

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90395 030 ****70.00

DOCUMENT # N01000007586

1. Entity Name
IGREJA CRISTA BETHEL, INC.

Principal Place of Business	Mailing Address
1050 HIGH GATE BLVD WINTER GARDEN, FL 34787	94055 RUN WOOD ST. GOTHA, FL 34734-5031

2. Principal Place of Business	3. Mailing Address
1516 E. COLONIAL DR.	1516 E. COLONIAL DR.
Suite, Apt. #, etc.: 107	Suite, Apt. #, etc.: 107
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32803 Country: USA	Zip: 32803 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 46-0476334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IBRAHIM, JOHN
1050 HIGH GATE BLVD
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name: CRISTINA RIVERA
Street Address (P.O. Box Number is Not Acceptable): 285 S. WYMORE RD, APT. 206
City: ALTAMONTE SPRINGS FL Zip Code: 32714

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: Riviera CRISTINA RIVEIRA 04/29/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IBRAHIM, JOHN 1050 HIGH GATE BLVD WINTER GARDEN, FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RELDA LEE HOLMEQUIST NOGUEIRA 10100 PINEY RIDGE WALK ALPHARETTA, GA 30022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMOS, MAXSUEL 1920 HARBOR POINT PKWY ATLANTA, GA 30350	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 100 OLD ALABAMA PL. ROSWELL, GA 30076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SILVA, DENISE 6980 ROSWELL RD G-4 ATLANTA, GA 30328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 100 OLD ALABAMA PL. ROSWELL, GA 30076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: p/a ANTHONY B. BERTIGLIATTI 04/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #