

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91123 026 ****70.00

DOCUMENT # N01000008451

1. Entity Name

**IGLESIA MISIONERA ASAMBLEA CRISTIANA LA FE EN AC
 CION, INC.**

Principal Place of Business

Mailing Address

**405 W BALL ST #27
 PLANT CITY FL 33566**

**405 W BALL ST #27
 PLANT CITY FL 33566**

2. Principal Place of Business

712 Alsobrook Suite #4

3. Mailing Address

17 N. Woodrow Wilson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Plant City, Florida

Plant City, Florida

City & State

City & State

Zip

Country

33566

U.S.A.

Zip

Country

4. FEI Number

04-3609157

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SOTO, ISRAEL
 17 N WOODROW WILSON ST
 PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **SOTO, ISRAEL**
 STREET ADDRESS **17 N WOODROW WILSON ST**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **TD** ☐ Delete
 NAME **GOMEZ, VIOLA**
 STREET ADDRESS **3008 JIM REDMAN PKWY**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **SD** ☐ Delete
 NAME **DE SOTO, OMNI**
 STREET ADDRESS **17 N WOODROW WILSON ST**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ Delete
 NAME **JUAREZ, RAFAEL**
 STREET ADDRESS **P O BOX 1168**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E037 (9/01)