

2002 UNIFORM BUSINESS REPORT (UBR)

3/26

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-26-2002 90012 006 ****61.25

DOCUMENT # NO1000008524

1. Entity Name

CONCILIO DE IGLESIA PENTECOSTAL DE AVIVAMIENTO E LOHIM, INC.

Principal Place of Business

Mailing Address

**124 OAK WAY
INTERLACHEN FL 32148**

**124 OAK WAY
INTERLACHEN FL 32148**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

26-0017038

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRESPO, PEDRO
124 OAK WAY
INTERLACHEN FL 32148**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Delete
NAME **PEDRO CRESPO (D)**
STREET ADDRESS **P O BOX 975**
CITY-ST-ZIP **INTERLACHEN, FLA. 32148**

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

TITLE **VICE PRESIDENT** ☐ Delete
NAME **JOSE MORALES (D)**
STREET ADDRESS **203 HILLSIDE AVE.**
CITY-ST-ZIP **HARTFORD, CT. 06106**

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

TITLE **secretary** ☐ Delete
NAME **MYRIAM BERNARDINI (D)**
STREET ADDRESS **P. O. BOX 2071**
CITY-ST-ZIP **INTERLACHEN, FLA. 32148**

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

TITLE **TREASURY** ☐ Delete
NAME **JANNETTE SANTIAGO**
STREET ADDRESS **P. O. BOX 972**
CITY-ST-ZIP **INTERLACHEN, FLA. 32148**

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

TITLE **SECRETARY OF MISSIONS** ☐ Delete
NAME **LUIS A. ORTIZ (T)**
STREET ADDRESS **154 OLCOTT ST.**
CITY-ST-ZIP **MANCHESTER, CT. 06040**

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

TITLE **VOCAL** ☐ Delete
NAME **ERNESTO PEREZ**
STREET ADDRESS **4117 S,W, 168 CIRCLE**
CITY-ST-ZIP **OCALA, FLA. 34481**

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:

PEDRO CRESPO

3/4/02 (386) 684-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)