

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91403 045 ****61.25

0001028

DOCUMENT # NO1000008937

1. Entity Name

IGLESIA CRISTIANA BETHEL CASA DE DIOS, INC.



Principal Place of Business

**4937 PLEASANT HILL RD
KISSIMMEE FL 34758**

Mailing Address

**4937 PLEASANT HILL RD
KISSIMMEE FL 34758**

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 **NOT APPLICABLE**

Applied For
Not Applicable

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

**VELAZQUEZ, DAVID
1128 CHICHESTER COURT
KISSIMMEE FL 34758**

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. I am familiar with, and accept the obligations of registered agent.

[Signature]
SIGNATURE

Signature, typed or printed name of registered agent and fee 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **ROSA, JULIO**
STREET ADDRESS **1013 DERBY SHIRE DR**
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

TITLE **DV** ☐ Delete
NAME **MONTES, REINALDO L**
STREET ADDRESS **30 AMALFI WAY**
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

TITLE **DS** ☐ Delete
NAME **VALAZQUEZ, DAVID**
STREET ADDRESS **1128 CHICHESTER COURT**
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

TITLE **DV** ☐ Delete
NAME **FIGUEROA, DOMINGO**
STREET ADDRESS **983 ALZERCE DR**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **983 ALSACE DR**
CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, JUAN**
STREET ADDRESS **110 VIANA COURT**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **110 BIANCA COURT**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **REQUIRE 1/1/03 ROSA**

4/19/03 4078706339

CR2E037 (10/02)