

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90196 048 ****70.00

DOCUMENT # **N02000007147**

1. Entity Name
IGLESIA CRISTIANA EL PODER DE LA PALABRA, INC.



Principal Place of Business
**5212 SUNSET TRAIL
LAKE WORTH FL 33463**

Mailing Address
**5212 SUNSET TRAIL
LAKE WORTH FL 33463**

10021503



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
521 509 Road

3. Mailing Address
521 509 Road

City & State
WEST PALM BEACH, FL

4. FEI Number
51-0427820

Zip
33415

Country
PALM BEACH

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

**MALDONADO, WINSTON T
2800 PALMWOOD TERR., P120
BOCA RATON FL 33431**

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 *Winston Maldonado* **WINSTON R. MALDONADO** **2/9/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE <input type="checkbox"/> Delete NAME D MALDONADO, WINSTON R STREET ADDRESS 2800 PALMWOOD TERR., P-120 CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME D CONTRERA, JUAN STREET ADDRESS 5906 HYPOLUXO RD. CITY-ST-ZIP LAKE WORTH FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME D CASTELLON, JESUS STREET ADDRESS 138 BOBWHITE RD. CITY-ST-ZIP ROYAL PALM BCH FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Winston Maldonado* **WINSTON R. MALDONADO** **2/9/03** **561-472-2466X114**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)