

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

DOCUMENT # 106826

1. Entity Name  
Iglesia Evangelistica pentecostal concilio los  
Setenta Lucas 10. Inc.

FILED

02 APR 15 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6920 W. COMANCHE AVE  
Suite, Apt. #, etc.

3. Mailing Address  
4594-16 AVE N.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA FL  
Zip  
33614  
Country  
HILLSBOROUGH

City & State  
ST PETERSBURG FL  
Zip  
33713  
Country  
PINELLAS

4. FEI Number  
59-2387649  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Filiberto RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)  
4594-16 AVE N.

ST PETERSBURG FL

City  
FL Zip Code  
33713

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

FEE IS \$61.25  
Initial or Amended UBR

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 PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
Filiberto RODRIGUEZ  
4594-16 AVE N  
ST PETERSBURG FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.D.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
JUAN ROMAN L 7030 625TH N  
PINELLA PARK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600005418436--5  
-05/01/02--01081--011  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE STD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
FRANCIS LO MOZALES  
5807 N. 145TH  
TAMPA FL 33604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

TITLE SSD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
WILFACOD CAUZA DD  
2711 WEST ARCH ST  
TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600005418436--5  
-05/01/02--01081--012  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DONALDA FRANGULIDA  
4330 ALLEN RD  
FLORIDA FL 33545

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Filiberto Rodriguez

5-8-04 (727-321-6532)

CR2E037B (12/01)