

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

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

02-14-2003 90405 001 \*\*\*\*61.25  
02-14-2003 90405 002 \*\*\*\*8.75

**DOCUMENT # N06826**

1. Entity Name  
**IGLESIA EVANGELISTICA PENTECOSTAL CONCILIO LOS S  
ETENTA LUCAS 10. INC.**



Principal Place of Business

**6920 W COMANCHE AVE  
TAMPA FL 33614  
US**

Mailing Address

**4594 - 16TH AVENUE N.  
ST. PETERSBURG FL 33713**

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 **59-2387649**

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

**RODRIGUEZ, FILIBERTO  
4594 16TH AVE N  
ST PETERSBURG FL 33713**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FILIBERTO, RODRIGUEZ</b>	
STREET ADDRESS	<b>4594 16TH AVE. N.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33713</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CRUZADO, WILFREDO</b>	
STREET ADDRESS	<b>2711 WEST ARCH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MORALES, FRANCISCO</b>	
STREET ADDRESS	<b>5807 N. 4TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	<b>SSD</b>	<input type="checkbox"/> Delete
NAME	<b>FRAGUADA, ROANLD</b>	
STREET ADDRESS	<b>4330 ALLEN ROAD</b>	
CITY-ST-ZIP	<b>ZEPHERHILLS FL 33545</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, ISMAEL</b>	
STREET ADDRESS	<b>1846 2ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NIEVES, NORMA</b>	
STREET ADDRESS	<b>3332 LAMBERT AVENUE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Filiberto Rodriguez* **Filiberto Rodriguez (727) 321-6532**

CR2E037 (10/02)