

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90222 018 ****61.25

0084883

DOCUMENT # N11500

1. Entity Name

UNITED BRETHRENS IN CHRIST CHURCH, INC.



Principal Place of Business

**115 WEBSTER ST
INTERLACHEN FL 32148**

Mailing Address

**P.O. BOX 1765
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 **59-2699307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, FRANCISCO
114 BRANT ST
INTERLACHEN FL 32148**

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete
NAME **AGOSTO, ISMAEL**
STREET ADDRESS **105 EAST MAIN ST**
CITY-ST-ZIP **WATERBERRY CT**

TITLE **VP** ☐ Delete
NAME **RIVERA, FRANCISCO**
STREET ADDRESS **114 BRANT ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **SD** ☐ Delete
NAME **RIVERA, TEODORA**
STREET ADDRESS **114 BRANT ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **SD** ☐ Delete
NAME **RODRIGUEZ, JUAN**
STREET ADDRESS **104 DUVAL ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **TD** ☐ Delete
NAME **RODRIGUEZ, LUZ M**
STREET ADDRESS **104 DUVAL ST**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **TD** ☐ Delete
NAME **CASTILLO, RUBEN**
STREET ADDRESS **82 LEWIS AVE**
CITY-ST-ZIP **MERIDEN CT 06451**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: *Roberto Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03

Date

Daytime Phone #

CR2E037 (10/02)