

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90047 004 ****61.25

DOCUMENT # N11566

1. Entity Name

IGLESIA BAUTISTA DE SEBRING, INC.

Principal Place of Business 3704 VALERIE BLVD. SEBRING FL 33870	Mailing Address 3704 VALERIE BLVD. SEBRING FL 33870-7815
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DO NOT WRITE IN THIS SPACE

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 59-2590660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMOS, SIXTO
1511 FALCON AVE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name Joseph A. Valentin
 Street Address (P.O. Box Number is Not Acceptable)
2323 Sparrow Ave
 City Sebring FL Zip Code 33872

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 *Joseph A. Valentin* DATE 2/20/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	ST VALENTIN, JOSEPH A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2323 SPARROW AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE NAME	D GONZALEZ, PEDRO	<input type="checkbox"/> Delete
STREET ADDRESS	3501 GRAND PRIX	
CITY-ST-ZIP	SEBRING FL	
TITLE NAME	D RODRIGUEZ, RAMON	<input type="checkbox"/> Delete
STREET ADDRESS	3812 ALMERIA AVE.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	(P) Valentin, Joseph A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2323 Sparrow Ave	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE NAME	(S) Mitil, Maria	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4606 Bream Ave	
CITY-ST-ZIP	Sebring, Fl. 33872	
TITLE NAME	(T) Mitil, Roberto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4606 Bream Ave	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Joseph A. Valentin* DATE 2/20/00 Daytime Phone # 863-386-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)