

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90106 007 \*\*\*\*70.00

**DOCUMENT # N11566**

1. Entity Name

**IGLESIA BAUTISTA DE SEBRING, INC.**

Principal Place of Business

Mailing Address

3704 VALERIE BLVD.  
 SEBRING FL 33870

3704 VALERIE BLVD.  
 SEBRING FL 33870

2. Principal Place of Business

3925 Memorial Dr.

3. Mailing Address

3925 Memorial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Sebring, Florida

City & State  
 Sebring Florida

4. FEI Number **59-2590660**

Applied For  
 Not Applicable

Zip  
 33872

Country  
 U.S.A.

Zip  
 33872

Country  
 U.S.A.

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

VALENTIN, JOSEPH A  
 2323 SPARROW AVE  
 SEBRING FL 33872

Name  
~~ROBERTO MITIL~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 4606 Bream Ave.  
 City  
 Sebring, FL Zip Code  
 33870

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

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENTIN, JOSEPH A 2323 SPARROW AVE SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, PEDRO 3501 GRAND PRIX SEBRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RAMON 3812 ALMERIA AVE. SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITIL, MARIE 4606 BREAM AVE SEBRING FL 33872	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITIL, ROBERTO 4606 BREAM AVE SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T ROBERTO MITIL, Roberto 4606 Bream Ave. Sebring, Fl. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lopez, Lydia 1485 W. AVON BLVD AVON PARK, FL. 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0052247



DO NOT WRITE IN THIS SPACE

UBR 15

CR2E037 (10/00)