

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90311 003 ****61.25

UBR0000

DOCUMENT # N11566

1. Entity Name

IGLESIA BAUTISTA DE SEBRING, INC.

Principal Place of Business

Mailing Address

**3925 MEMORIAL DR
 SEBRING FL 33872**

**3925 MEMORIAL DR
 SEBRING FL 33872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2590660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITIL, ROBERTO
 4606 BREAM AVE
 SEBRING FL 33870**

Name **PASTOR: JUAN A. ROBLES**

Street Address (P.O. Box Number is Not Acceptable)

4825 VILABELLA DRIVE

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/16/02

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	PT	<input checked="" type="checkbox"/> Delete
NAME	MITIL, ROBERTO	
STREET ADDRESS	4606 BREAM AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, PEDRO	
STREET ADDRESS	3501 GRAND PRIX	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON	
STREET ADDRESS	3812 ALMERIA AVE.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITIL, ROBERTO	
STREET ADDRESS	4606 BREAM AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, LYDIA	
STREET ADDRESS	1485 W AVON BLVD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN A. ROBLES	
STREET ADDRESS	4825 VILABELLA DRIVE	
CITY-ST-ZIP	SEBRING, FL. 33872	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL CALDERON	
STREET ADDRESS	3803 PALAZZO ST.	
CITY-ST-ZIP	SEBRING, FL. 33872	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON TIRADO	
STREET ADDRESS	2604 FAIRMONT DR.	
CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

1/16/02 (865) 386-0078

CFR2E037 (9/01)