

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

FILED
May 05, 2003 8:00 am
Secretary of State


05-05-2003 91846 009 ****70.00

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
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2590660** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBLES, JUAN A PASTOR
4825 VILABELLA DRIVE
SEBRING FL 33872

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 _____ 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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	ROBLES, JUAN A	
STREET ADDRESS	4825 VILABELLA DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDERON, ANGEL	
STREET ADDRESS	3803 PALAZZO ST	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIRADO, RAMON	
STREET ADDRESS	2604 FAIRMONT DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITIL, ROBERTO	
STREET ADDRESS	4608 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL MAYSONET	
STREET ADDRESS	3726 VIOLET AVE.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBLES, JUAN A	
STREET ADDRESS	3314 VALERIE BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGUEL CALDERON	
STREET ADDRESS	4216 ALMERIA AVE.	
CITY-ST-ZIP	SEBRING, FL 33872	
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: *Juan Robles* **NOTARIES REQUIRED** *Juan Robles* 5/11/03 (863) 386-0008

CR2E037 (10/02)