

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

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

02-05-2003 90163 005 ****61.25



DOCUMENT # N12278

1. Entity Name
KARDECIAN SPIRITIST CONGREGATION, INC.

Principal Place of Business
**1875 W. FLAGLER STREET
MIAMI FL 33135**

Mailing Address
**1875 W. FLAGLER STREET
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELAPAZ, MANUEL
2550 SW 27 LN
MIAMI FL 33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLAZA, GUALBERTO	
STREET ADDRESS	795 W 70TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CASIANO	
STREET ADDRESS	8895 SW 11TH STREET	
CITY-ST-ZIP	MIAMI FL 33174-3203	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLAZA, CARMEN	
STREET ADDRESS	795 W 70TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELAPAZ, MANUEL	
STREET ADDRESS	2550 SW 27 LN	
CITY-ST-ZIP	MIAMI FL 33133-3113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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 *Sec. Dir*

308-854-8499
01-17-03

Date

Daytime Phone #

CR2E037 (10/02)