2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

SIGNATURE:

May 01, 2001 8:00 am Secretary of State **DOCUMENT # N18105** IGLESIA PENTECOSTAL CORONA DE VIDA ALPHA & OMEGA 05-01-2001 90124 035 ****61.25 Principal Place of Business Mailing Address % REV HECTOR RIVERA % REV HECTOR RIVERA 4441 TIFFIN AVENUE 4441 TIFFIN AVENUE SPRINGHILL FL 34609 SPRINGHILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3005153 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RIVERA. HECTOR 4441 TIFFIN AVE SPRINGHILL FL 34609 City Zip Code FL 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ■ Addition CR2E037 (10/00) TITLE Change RIVERA, HECTOR NAME NAME STREET ADDRESS 4441 TIFFIN AVENUE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SPRINGHILL FL TITLE SV Delete TITLE Change ☐ Addition NAME SANTOS, MICHELLE STREET ADDRESS STREET ADDRESS 8225 PAGODA DRIVE CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL 34606 TITLE ☐ Delete Change ☐ Addition NAME RODRIGUEZ, PABLO NAME STREET ADDRESS 10248 NODDY TEN RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BROOKSVILLE FL TITLE D ☐ Delete Change ☐ Addition NAME RIVERA, ANNA NAME STREET ADDRESS 7289 APACHE TRAIL STREET ADDRESS CITY-ST-ZIP SPRING HILL FL CITY-\$T-ZIP TITLE ST ___ Delete TITLE ☐ Change ☐ Addition NAME ACEVEDO, ENEIDA STREET ADDRESS STREET ADDRESS 10322 BANNOFK ST CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 TITLE Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

LECTOR KWEER PRES.

FILED

Davtime Phone #