

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18784

1. Entity Name

MISSIONARY EBENEZER ASSEMBLY OF GOD, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90003 041 ****61.25

Principal Place of Business

Mailing Address

WINFER STREET
P.O. BOX 1086
ZELLWOOD FL 32798

WINFER STREET
P.O. BOX 1086
ZELLWOOD FL 32798-1086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2974525

Applied For

Not Applicable

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

GONZALEZ, GERARDO
4025 POINSETTA AVE
MOUNT DORA FL 32757

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.

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
D
GONZALEZ, GERARDO
4025 POINSETTA AVE
MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CASTILLO, MARIA
HWY 441 DUDLEY AVE
TANGERINE FL 32777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESTHER, GARCIA
5943 LAKE AVE
TANGERINE FL 32777 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Nuñez-González, Gladys
3001 Northland Rd. Ap. 52
Mount Dora, FL 32757 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
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☐ Change ☐ 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:

Gerardo Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

(352) 735 6282

Daytime Phone #

CR2E037 (9/99)