

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90044 001 ****61.25

DOCUMENT # N32515

1. Entity Name

IGLESIA CRISTIANA HISPANA (DISCIPULOS DE CRISTO)

Principal Place of Business

Mailing Address

1561 N. CHICKASAW TRAIL
 ORLANDO FL 32825

P.O. BOX 677969
 ORLANDO FL 32867-7969

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3226425

Applied For
 Not Applied

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

PIMENTEL, HUBERTO REV.
1021 CUTOFF BRANCH COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	COLLAZO, MANUEL	895 N JERICO DR	CASSELBERRY FL 32707	<input type="checkbox"/>
D	GONZALEZ, YOLANDA	919 RIVECON AVE	ORLANDO FL 32825	<input checked="" type="checkbox"/>
D	MORALES, HECTOR	5426 MARGARET DR APT 1128	ORLANDO FL 32812	<input checked="" type="checkbox"/>
T	CARUAJAL, MINERVA	11247 CARRIAGE CT	ORLANDO FL 32867	<input checked="" type="checkbox"/>
T	MORALES, MISAEL	3440 N GOLDENROD RD APT 331	ORLANDO FL 32801	<input checked="" type="checkbox"/>
S	SUAREZ, REYNALDO	526 S EOLA DR APT #2	ORLANDO FL 32801	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Gonzalez, Alvin	5720, Citadel Dr.	Orlando, Fl. 32839	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Rivera, Juan	1102, Vista Palua Way	Orlando, Fl. 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Martinez Angel	1070, Manigan Ave.	Oviedo, Fl. 32765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Caruajal Minerva	11247, Carriage Ct	Orlando, Fl. 32867	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Lopez, Ivette	656, Terrace Cove Way	Orlando, Fl. 32828	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Manuel Collazo* **RECEIVED** *Adm. Assistant* **1/18/00** - 658-8506
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #