2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90355 044 ****61.25

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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

DO NOT WRITE IN THIS SPACE

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 59-3226425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

Please Removed

7. Name and Address of New Registered Agent

Name Alvin Coonzalez, President
Street Address (P.O. Box Number is Not Acceptable) 5720, Citadel Dr.
City Orlando, FL Zip Code 32825

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	T COLLAZO, MANUEL 895 N JERICO DR CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gonzalez, Alvin 5720, Citadel Dr. Orlando, Fl. 32825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ALVIN 5720 CITADEL DR ORLANDO FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Collazo, Manuel 895, N. Jerico Dr. Casselberry, Fl 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, JUAN 1102 VISTA PALNA WAY ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTINEZ, ANGEL 1070 MANIGAN AVE OVIEDO FL 32765	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carvajal Minerva 11247, Carriage Ct Orlando, Fl. 32867	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARVAJAL, MINERVA 11247 CARROAGE CT ORLANDO FL 32867	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lopez, Ivette 656, Terrace Cove Way Orlando, Fl. 32828	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOPEZ, IVETTE 656 TERACE COVE WAY ORLANDO FL 32828	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Misael Morales 3440, N. Goldenrod Rd-apt. 331 Winter Park, Fl. 32792	☑ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 1/28/01 (407) 658-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #