

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45455

1. Entity Name

THE INTERNATIONAL BAPTIST CHURCH OF SANTO DOMING

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90051 047 ****70.00

Principal Place of Business

Mailing Address

AVE. SARASOTA ESQUINA
CALLE HIGUENOTA
SANTO DOMINGO, DOM. REP.
OC

PASTOR MIGUEL NUNEZ. CEH 9256
P.O. BOX 025273
MIAMI, FL 33102-5273

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTMAN, CURTIS A
1855 SOUTH KENNER HIGHWAY
STUART FL 34994

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 PD ☒ Delete
NAME GYGAX, CHRISTIAN
STREET ADDRESS CALLE 1 #9 ARROYO HONDO
CITY-ST-ZIP SANTO DOMINGO DR

TITLE ☒ Change ☐ Addition
NAME Miguel NUNEZ
STREET ADDRESS Calle Abigail de Monte 18
CITY-ST-ZIP La Castellana D.R.
Santo Domingo D.R.

TITLE VD ☐ Delete
NAME MANGRICH, RICHARD
STREET ADDRESS #12 JAYACOC, CACICAZGOS
CITY-ST-ZIP SANTO DOMINGO DR

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

TITLE TD ☐ Delete
NAME DADULO, LIMUEL
STREET ADDRESS #27 CALLE PEDRO ALBIZU CAMPO
CITY-ST-ZIP SANTO DOMINGO DR

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

TITLE S ☐ Delete
NAME SALCEDO, NURYS
STREET ADDRESS CALLE 23 OESTE, APT 1E
CITY-ST-ZIP SANTA DOMINGO DR

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel NUNEZ Feb 25, 2000 540-1605 (809)

Date

Daytime Phone #

CR2E037 (9/99)