

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45455

1. Entity Name

THE INTERNATIONAL BAPTIST CHURCH OF SANTO DOMING

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

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 NUREZ, MIGUEL  
STREET ADDRESS CALLE 1 #9 ARROYO HONDO  
CITY-ST-ZIP SANTO DOMINGO DR

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

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 GYGAX, CHRIST  
STREET ADDRESS CALLE 1 #9, Res. AURORA  
CITY-ST-ZIP ARROYO HONDO  
SANTO DOMINGO, DOM. Republic

TITLE GYGAX, CHRIST ☐ 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 April 18, 2001 750-1652

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90383 013 \*\*\*\*70.00

00042738



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)