

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90074 015 *****70.00

DOCUMENT # N45455

1. Entity Name

THE INTERNATIONAL BAPTIST CHURCH OF SANTO DOMINGO, INC.

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

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

TITLE ☐ Change ☐ Addition
 NAME *D calle 23 Este #33*
 STREET ADDRESS *Santo Domingo, D.R.*
 CITY-ST-ZIP *of address*

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

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

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

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS GYGAX, CHRIST
 CITY-ST-ZIP CA 11E 1A #9, RES AURORA
 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 REQUIRED V. DADULO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)