

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90213 043 ****61.25

DOCUMENT # N46960

1. Entity Name

IGLESIA BAUTISTA HISPANA EL REDENTOR, INC.

Principal Place of Business

**331 CLEVELAND ST.
 CLEARWATER FL 34615**

Mailing Address

**331 CLEVELAND .
 CLEARWATER FL 34615
 US**

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

59-3106410

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

**MEDINA, JOSE
 121 NORTH JEFFERSON #24
 CLEARWATER FL 33755**

Name **Teresa Chagoya**

Street Address (P.O. Box Number is Not Acceptable)

520 Fairwood Ave #169

City

Clearwater

FL

Zip Code

33759

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

Teresa Chagoya

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 **P**
 STREET ADDRESS **MEDINA, JOSE**
 CITY-ST-ZIP **120 NORTH JEFFERSON #24
 CLEARWATER FL 33755**

TITLE ☐ Change ☐ Addition
 NAME **Teresa Chagoya**
 STREET ADDRESS **520 Fairwood Ave #169**
 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MONTEROSA, CESAR**
 CITY-ST-ZIP **812 8 AVENUE LOTE 34
 LARGO FL 33770**

TITLE ☐ Change ☐ Addition
 NAME **S. Cesar Monterosa**
 STREET ADDRESS **812 8 Avenue Lote 34**
 CITY-ST-ZIP **Largo FL 33770**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **RODRIGUEZ, RAFAEL**
 CITY-ST-ZIP **2280 NORMAN DRIVE
 CLEARWATER FL 33765**

TITLE ☐ Change ☐ Addition
 NAME **T. Raquel Pinto**
 STREET ADDRESS **2084 Santiago Way**
 CITY-ST-ZIP **Clearwater, FL 33765**

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **PINTO, RAQUEL**
 CITY-ST-ZIP **2084 SANTIAGO WAY
 CLEARWATER FL 33765**

TITLE ☐ Change ☐ Addition
 NAME **V.T. Juan Chagoya**
 STREET ADDRESS **520 Fairwood Ave #169**
 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **RODRIGUEZ, LUCY**
 CITY-ST-ZIP **2280 NORMAN DRIVE
 CLEARWATER FL 33765**

TITLE ☐ Change ☐ Addition
 NAME **V.S. Miguel Valle**
 STREET ADDRESS **915 Tuskuilla St #A**
 CITY-ST-ZIP **Clearwater, FL 33757**

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:

Teresa Chagoya
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2001 (727) 797-7290
 Date Daytime Phone #

CR2E037 (10/00)