

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90071 026 ***61.25

DOCUMENT # N47344

1. Entity Name

IGLESIA BAUTISTA DE CARROLLWOOD, INC.



Principal Place of Business

**2905 SMITTER ROAD
TAMPA FL 33618
US**

Mailing Address

**2905 SMITTER RD
TAMPA FL 33618
US**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3113123**

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

**NIEVES, LUIS
5021 OAKSHIRE DR
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

SAME

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **JORDAN, GUILLERMO**
STREET ADDRESS **4727 WINDFLOWER CIR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **DT** ☐ Delete
NAME **SANCHEZ, JOSE A.**
STREET ADDRESS **15141 NIGHTHAWK DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **DS** ☐ Delete
NAME **BARBOSA, YOLANDA**
STREET ADDRESS **4501 RANCHWOOD LANE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Delete
NAME **MONTADEZ, RUBEN**
STREET ADDRESS **5102 BELMERE PARKWAY**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Delete
NAME **PEREZ, ERIC**
STREET ADDRESS **13705 STAGHORN RD**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **ROBERTO CLEMENTE**
STREET ADDRESS **21824 MIMS WAY**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO JORDAN

PASTOR 8/11/03 8139626808

CR2E037 (4/03)