

2004AK  
**2006 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N47838**

1. Entity Name

**REDIMIDOS POR LA SANGRE DE JESUS ASAMBLEAS DE DI  
 OS, PENTECOSTES INC.**



Principal Place of Business

**16008 SW 153RD ST  
 INDIANTOWN FL 34956**

Mailing Address

**P.O BOX 2085  
 INDIANTOWN FL 34956**

FILED

04 APR 20 AM 9:31

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ESTRADA, CARMEN  
 15817 SW 151 ST.  
 INDIANTOWN FL 34956**

7. Name and Address of New Registered Agent

Name **CARMEN ESTRADA**

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

**1757 SE AIRES LANE**

City **PORT SAINT LUCIE**

FL Zip Code **34984**

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**

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 **PD** ☐ Delete  
 NAME **ESTRADA, CARMEN**  
 STREET ADDRESS **1757 SE AIRES LANE**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE **SD** ☒ Delete  
 NAME **MARTINEZ, MARIA**  
 STREET ADDRESS **15358 SW 150TH STREET**  
 CITY-ST-ZIP **INDIANTOWN FL 34956**

TITLE **TD** ☐ Delete  
 NAME **MARTINEZ, MARIA**  
 STREET ADDRESS **15358 SW-150TH STREET**  
 CITY-ST-ZIP **INDIANTOWN FL 34956**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **200031287722**  
 CITY-ST-ZIP **03/26/04--01095--005 \*\*61.25**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **GASPAR, MARYSABEL**  
 STREET ADDRESS  
 CITY-ST-ZIP **INDIANTOWN, FL 34956**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **MARTINEZ, MARIA**  
 STREET ADDRESS **8626 SE LYONS STREET**  
 CITY-ST-ZIP **HOBBS SOUND, FL 33455**

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

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**

2/4/04 (77) 597-1777

CR2E037 (10/02)