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SECRETARY OF STATE TALLAHASSEE FLORIDA

2000 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCL	JMENT	⁻ #	N4	783	R
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1. Entity Name

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



Principal Place of Business

Mailing Address

16008 SW 153RD ST

P.O BOX 2085

INDIANTOWN FL 34	956	INDIANTOWN FL 34956							
				1 (66) (6) 6) 6) 6)]		N 41311 (AB)		
2. Principal Place of Business 3. N		Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number AP	4. FEI Number APPLIED FOR Applied For				
Zip	Zip Country		Zip Country		itus Desired	\$8.75 Add			
6. Name and Address of Current Regis		enistered Agent	d Agent		7. Name and Address of New Registered Agent				
<u>_</u>	. Trains and Addition of Carrolle Ite	giotorea Agent	Name	4-		Agent			
ESTRADA,-CARMEN				CARMEN ESTRADA Street Address (P.O. Box Number is Not Acceptable)					
15817 SW 151 ST. Indiantown FL 34956									
INDIANTOWN	rl 34900			SE AIRES	LANE		,		
			PORT S		FL	- 11 34 1 6	34		
8. The above name	ed entity submits this statement for the of registered agent.	ne purpose of changing its	registered office or reg	gistered agent, or both, in the	he State of Florida. I am	familiar with,	and accept		
ine congations	or registered agent.								
SIGNATURE									
Signa	iture, typed or printed name of registered agent and		: Registered Agent signature re	equired when reinstating) .	DATE				
		9 Flection Car	onaign Einancing	#5.00	Make Obser	le Daniela			
FILE NOW: FEE IS \$61.25		I	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 DIRE	CTORS	11.	ADDITIONOZOLIANOE	S TO OFFICERS AND DI	DECTORS IN			
TITLE PD				ADDITIONS/CHANGE		DECTORS IN	10		
	NAME ESTRADA, CARMEN		TITLE	ADDITIONS/CHANGE		Change	10 Addition		
1707 OE MILEO BALE		☐ Delete	NAME		*** M****	Change			
		☐ Delete			*** M****	Change	☐ Addition		
TITLE SD	RT SAINT LUCIE FL 34984		NAME STREET ADDRESS CITY-ST-ZIP TITLE	200 03/26/04	0312877 01095005	Change	Addition		
TITLE SD MA	RT SAINT LUCIE FL 34984 RTINEZ, MARIA	□ Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME G	200 03/26/04	0312877 01095005	□ Change '22 **61.25	☐ Addition		
NAME · STREET ADDRESS 153	RT SAINT LUCIE FL 34984 RTINEZ, MARIA 958 SW 150TH STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2001 03/26/04 D ASPAR, MA	0312877 01095005 Rys <i>abe</i> l	□ Change ***61.25 □ Change	Addition		
NAME ADDRESS 153 CHY-ST-ZIP IND	RT SAINT LUCIE FL 34984 RTINEZ, MARIA	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2001 03/26/04 D ASPAR, MA	0312877 01095005 Rys <i>abe</i> l	☐ Change 2	Addition		
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TITLE SD NAME MA STREET ADDRESS CITY-ST-ZIP TITLE TD NAME MA - STREET ADDRESS 153	RT SAINT LUCIE FL 34984 RTINEZ, MARIA 358 SW 150TH STREET 31ANTOWN FL 34956 RTINEZ, MARIA 158 SW-150TH STREET	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	2001 03/26/04 DASPAR, MAI NDIANTOWN DARTINEZ, M	0312877 -01095005 Rysabel , Fl 3495 Jaria 5.5treet	☐ Change 2	Addition		
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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 trusted 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAMĘ

STREET ADDRESS

CITY ST-ZIP

☐ Delete

☐ Change

☐ Addition