

2002 UNIFORM BUSINESS REPORT (UBR)

5/5.

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-05-2002 90062 027 ****70.00

DOCUMENT # N51191

1. Entity Name

IGLESIA CATEDRAL DE VIDA, INC.

Principal Place of Business

1008 S THACKER
 KISSIMMEE FL 32741

Mailing Address

IGLESIA CATEDRAL DE VIDA
 PO BOX 450937
 KISSIMMEE FL 34745-0937
 US

044011



DO NOT WRITE IN THIS SPACE

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

59-3190290

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

SANTIAGO, JUSTINO
241 FLORIDA PARKWAY BLVD
KISSIMMEE FL 34743

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 \$81.25

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	PD	<input type="checkbox"/> Delete
NAME	SANTIAGO, JUSTINO - <i>Director</i>	
STREET ADDRESS	241 FLORIDA PARKWAY BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, MARCOS	
STREET ADDRESS	WINNER CIR #2520	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	APONTE, IVELISSE - <i>Director</i>	
STREET ADDRESS	VALENTINO CT #227	
CITY-ST-ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Quiel - <i>Director</i>	
STREET ADDRESS	755 Caribou Drive	
CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Ivelisse Aponte* *4/17/02* *407-997-5110*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #