

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90878 004 \*\*\*550.00

0044897

**DOCUMENT # N93000005391**

1. Entity Name

**NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.)**



Principal Place of Business

P.O. BOX 693606  
 MIAMI FL 33269  
 US

Mailing Address

P.O. BOX 693606  
 MIAMI FL 33269  
 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

**65-0452346**

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

**TEMPLE, MARVIN PRES.  
 55 FAIRWAY DR. #5E  
 MIAMI SPRING FL 33166**

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 \$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 **VD** ☐ Delete  
 NAME **DELMAR-BACON, MAIDA**  
 STREET ADDRESS **20010 NW 83RD CT.**  
 CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **D** ☒ Delete  
 NAME **GREEN, LEONARD**  
 STREET ADDRESS **2990 WENTWORTH**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

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

TITLE **SD** ☐ Delete  
 NAME **DELMAR, ERNESTO**  
 STREET ADDRESS **20010 NW 83RD CT**  
 CITY-ST-ZIP **HIALEAH FL**

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

TITLE **T** ☐ Delete  
 NAME **MORALES, LUCIO S**  
 STREET ADDRESS **12500 NE 15TH AVE. # 202**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE **D** ☒ Delete  
 NAME **JAENTSCHKE, ELDA**  
 STREET ADDRESS **1051 NE 163RD ST**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **P** ☐ Delete  
 NAME **TEMPLE, MARVIN**  
 STREET ADDRESS **55 FAIRWAY DR. #5E**  
 CITY-ST-ZIP **MIAMI SPRING FL 33166**

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]* SECRETARY OF STATE *[Signature]* 6/12/01 986-229-1218

CR2E037 (10/00)