

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9400000 4025**

1. Entity Name

Pathway to Peace Christian Church Inc.

Principal Place of Business

Mailing Address

**5808 Lynn Road
Tampa, FL 33624**

**5808 Lynn Road
Tampa, FL 33624**

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

59-326 1767

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Jacnelly M. Castro
8920 Westbay Blvd.
Tampa, FL 33615**

Name

Francisco Torres

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

5808 Lynn Road

City

Tampa

FL

Zip Code

33624

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 NAME **D Bosquez, Eddie** ☒ Delete
STREET ADDRESS **7505 N. Coolidge Ave**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE NAME **PT Francisco Torres** ☐ Change ☒ Addition
STREET ADDRESS **1016 Cardonna ST**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE NAME **T Vega, Marcos** ☒ Delete
STREET ADDRESS **8315 N Albany Ave**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE NAME **T Lena Reyes** ☐ Change ☒ Addition
STREET ADDRESS **377 Estero CT**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE NAME **T Jacnelly M. Castro** ☒ Delete
STREET ADDRESS **8920 Westbay Blvd**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE NAME **T Nelson Casillas** ☐ Change ☒ Addition
STREET ADDRESS **5516 Tughill DR**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE NAME **T Francisco Torres** ☒ Delete
STREET ADDRESS **1016 Cardonna ST**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE NAME **LS** ☐ Change ☐ Addition
STREET ADDRESS **100004506211-03**
CITY-ST-ZIP **-07/30/01--01018--001**

TITLE NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE NAME *******70.00** ☐ Change ☐ Addition
STREET ADDRESS *******70.00**
CITY-ST-ZIP *******70.00**

TITLE NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E037 (11/00)