

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

0011416

DOCUMENT # **N95000002054**

1. Entity Name

**ASAMBLEA CRISTIANA DEL SUR DE LA FLORIDA, INC.**



08-25-2003 90108 015 \*\*\*\*61.25

Principal Place of Business

**3181 KIRK ROAD  
LAKE WORTH FL 33466-6693  
US**

Mailing Address

**3153 EMERSON AVE  
LAKE WORTH  
LAKE WORTH FL 33461  
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 **65-0751874**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARNES, HENRY D  
3153 EMERSON AVENUE  
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEANDRO, BIAS H</b>	
STREET ADDRESS	<b>324 N.W. 7TH CT</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MANCELINO, CRUZ</b>	
STREET ADDRESS	<b>200 E OCEAN AVE STE 11</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BARNES, HENRY D</b>	
STREET ADDRESS	<b>3153 EMERSON AVE.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461-2025</b>	
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	<b>Cruz, Marcelino</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>12375 Military Trail, Lot 208</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barnes, Henry D.</b>	
STREET ADDRESS	<b>3153 Emerson Ave.</b>	
CITY-ST-ZIP	<b>Palm Springs, FL 33461</b>	
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		

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 REQUIRED** *Henry D. Barnes 8/22/03 57619650154*

CR2E037 (4/03)