

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90040 022 ****61.25

DOCUMENT # N95000004812
 1. Entity Name
IGLESIA BAUTISTA DEJESUCRISTO, INC.

Principal Place of Business 214 N 2ND ST IMMOKALEE FL 33934 US	Mailing Address P.O. BOX 82 IMMOKALEE FL 34143-0082
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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 65-0642674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZURITA, DARIO REV
214 NORTH 2ND STREET
IMMOKALEE FL 33934

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D <input type="checkbox"/> Delete
NAME	ZURITA, DARIO REV
STREET ADDRESS	223 N. 4TH STREET
CITY-ST-ZIP	IMMOKALEE FL 33934
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SERPAS, FRANCISCO
STREET ADDRESS	711 PALM AVE.
CITY-ST-ZIP	IMMOKALEE FL 33934
TITLE	D <input type="checkbox"/> Delete
NAME	AVALOS, RITA
STREET ADDRESS	1507 8TH AVENUE
CITY-ST-ZIP	IMMOKALEE FL 33934
TITLE	D <input type="checkbox"/> Delete
NAME	HERRERA, BELINDA
STREET ADDRESS	495 DAVIS STREET
CITY-ST-ZIP	LABELLE FL 33935
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Israel Gallegos Sr.
STREET ADDRESS	1318 Pear Street
CITY-ST-ZIP	Immokalee, FL 34142
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: *Rita Avalos* **REQUIRITA AVALOS** **4-30-00** **941-657-3681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Director Date Daytime Phone #

CR2E037 (9/99)