

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000000981**

1. Entity Name

MISION CRISTIANA BETHESDA, INC.

Principal Place of Business

**2300 HOWLAND BLVD
DELTONA FL 32738**

Mailing Address

**P.O. BOX 6441
DELTONA FL 32728**

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

NOT APPLICABLE

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

**TORRES, PEDRO JUAN REV
1115 GALGANO AVENUE
DELTONA FL 32725**

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 ☐ Delete
NAME **SD**
STREET ADDRESS **TORRES, ALICIA E**
CITY-ST-ZIP **1115 GALGANO AVE
DELTONA FL 32725**

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

TITLE ☒ Delete
NAME **CD**
STREET ADDRESS **CORDERO, MARIA ISABEL**
CITY-ST-ZIP **969 LEEWARD DR.
DELTONA FL 32738**

TITLE ☐ Change ☒ Addition
NAME **CD**
STREET ADDRESS **Ricardo Soto**
CITY-ST-ZIP **1171 July Circle
Deltona FL 32738**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **FLORES, JUAN**
CITY-ST-ZIP **918 ORIENTA AVE #D
ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **LUNA, MARIA C**
CITY-ST-ZIP **3133 QUAIL DRIVE
DELTONA FL 32738**

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

TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **BRENES, ANNIE**
CITY-ST-ZIP **3812 PINEHURST ST
DELTONA FL 32738**

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

TITLE ☒ Delete
NAME **MD**
STREET ADDRESS **CARO, EDDIE**
CITY-ST-ZIP **2889 GALLUP CT
DELTONA FL 32738**

TITLE ☒ Change ☐ Addition
NAME **MD**
STREET ADDRESS **Jose Hernandez**
CITY-ST-ZIP **1490 Clayton Drive
Deltona FL 32725**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 407-574-6604

CR2E037 (10/00)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90339 011 ****61.25



DO NOT WRITE IN THIS SPACE