

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90126 002 \*\*\*\*70.00

**DOCUMENT # N96000000981**

1. Entity Name

**MISION CRISTIANA BETHESDA, INC.**

Principal Place of Business

Mailing Address

**2300 HOWLAND BLVD  
DELTONA FL 32738**

**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 **JUAN FLORES**

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

**2804 Light Wood ST.**

City **DELTONA**

**FL**

Zip Code **32738**

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 **JUAN FLORES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/6/02**

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

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

TITLE **CD** ☒ Delete  
NAME **SOTO, RICARDO**  
STREET ADDRESS **1171 JULY CIRCLE**  
CITY-ST-ZIP **DELTONA FL 32738**

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

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

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

TITLE **MD** ☐ Delete  
NAME **HERNANDEZ, JOSE**  
STREET ADDRESS **1490 CLAYTON DR**  
CITY-ST-ZIP **DELTONA FL 32725**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☐ Change ☒ Addition  
NAME **LOPEZ GWENDOLYN C.**  
STREET ADDRESS **1116 GALGANO AVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **CD** ☐ Change ☒ Addition  
NAME **ALICK ALEJANDRO**  
STREET ADDRESS **958 MENTMORE CIR.**  
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VA** ☐ Change ☒ Addition  
NAME **SANTANA ERNIE**  
STREET ADDRESS **674 COLCHESTER AVE**  
CITY-ST-ZIP **DELTONA FL 32738**

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02**

Date

**407)322-1317**

Daytime Phone #

CR2E037 (9/01)