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

Jan 30, 2003 8:00 am **Secretary of State** DOCUMENT # N96000001034 01-30-2003 90143 002 ****66.25 IGLESIA DEL DIOS VIVIENTE, HECHOS 2:38, INC. Mailing Address 115 N DIXIE HWY 1191 PEAK RD **BOYNTON BEACH FL 33435** LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEi Number 65-0672025 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent... -7. Name and Address of New Registered Agent VALENTIN, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) -1 1191 PEAK RD LANTANA FL 33462 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \square Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITI F ☐ Change Addition VALENTIN, JOAQUIN NAME NAME 1191 PEAK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Lantana Fl ☐ Delete Change ☐ Addition MENDEZ, ROGELIO STREET ADDRESS 13028 56 PL N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL Delete X Change ☐ Addition RIVERA, NESTOR NAME NAME Ortiz, Alfonso STREET ADDRESS 1228 HIGHVIEW RD STREET ADDRESS 4594 Centurian Cir CITY-ST-ZIP LANTANA FL CITY-ST-ZIP Greenacres, FL 33463 Delete Change ☐ Addition TITLE ALVAREZ, BLANCA R NAME NAME STREET ADDRESS 1191 PEAK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462

12. Thereby 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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

1-29.2003 1-561-5862967

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED