

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002456

1. Entity Name

MINISTERIO EL FARO, PALM BAY, INC./ THE LIGHTHOU

Principal Place of Business

Mailing Address

2696 ELM DR., N.E.
PALM BAY FL 32905

2696 ELM DR., N.E.
PALM BAY FL 32905-5530

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90069 009 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1905 Westwood Blvd.

3. Mailing Address
1905 Westwood Blvd.

Suite, Apt. #, etc.

City & State
Melbourne, FL.

City & State
Melbourne, FL.

Zip
32901

Country
U.S.A.

Zip
32901

Country

4. FEI Number
59-3384690

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, WUANDA
2696 ELM DR., N.E.
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name
Medina Wuanda

Street Address (P.O. Box Number is Not Acceptable)
1905 Westwood Blvd.

City
Melbourne

FL

Zip Code
32901

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 *Wuanda I. Medina* **Wuanda I. Medina, Pastor** 1/27/00

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 **\$5.00** May Be Added to Fees

Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME MEDINA, WUANDA	
STREET ADDRESS 2696 ELM DR., N.E.	
CITY-ST-ZIP PALM BAY FL 32905	
TITLE D	<input type="checkbox"/> Delete
NAME ACEVEDO, SANDRA	
STREET ADDRESS 2696 ELM DR., N.E.	
CITY-ST-ZIP PALM BAY FL 32905	
TITLE D	<input type="checkbox"/> Delete
NAME AMELIO, LORRAINE	
STREET ADDRESS 1299 GRANDEUR ST., S.E.	
CITY-ST-ZIP PALM BAY FL 32909	
TITLE D	<input type="checkbox"/> Delete
NAME ACEVEDO, SAMUEL	
STREET ADDRESS 2696 ELM DR., N.E.	
CITY-ST-ZIP PALM BAY FL 32905	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME PRINCIPE, EMMA	
STREET ADDRESS 1871 PARRSBORO ST., N.W.	
CITY-ST-ZIP PALM BAY FL 32907	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME PRINCIPE, HERIBERTO	
STREET ADDRESS 1871 PARRSBORO ST., N.W.	
CITY-ST-ZIP PALM BAY FL 32907	

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	<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 checked="" 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: *Wuanda I. Medina* **Wuanda I. Medina** 1/27/00 **407-956-0444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/99)