**FILED** 

Jul 30, 2003 8:00 am

**Secretary of State** 

07-30-2003 90068 031 \*\*\*\*61.25

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

## DOCUMENT # N9600002517

1. Entity Name

CITY-ST-ZIP

## COMMUNIDAD MISIONERA CARISMATICA SEMBRADORES DE LA PALABRA INC.

•	ce of Business	3	Mailing Address	_							
			POST OFFICE BOX 4633 WINTER PARK FL 32793								
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2. Principal Place of Business 3. N			3. Mailing Address	. Mailing Address		I LTONALDA DA L	INIAN AYIIF ANILI ARL			151 ISBN 1981	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
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Zip		Country	Zip	Country					\$8.75 Ad		
,						<ol><li>Certificate of S</li></ol>	Status Desired		Fee Require		
	6. Name	and Address of Current	Registered Agent			7. Name and Add	dress of New I	Registered #	Agent		
2052101				Name			•	, ,	*		
RODRIGUEZ, PABLO 310 1/2 SO. BUMBY				Street Address			(P.O. Box Number is Not Acceptable)				
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V.	0 / 2 04000			City			<del> </del>		Zin Car		
•				City				FL	Zip Cod	ę	
			r the purpose of changing it	s registered office	or registered	l agent, or both, in	the State of Fl	orida. I am f	amiliar with,	and accept	
the obligat	tions of regist	ereo agent.						•			
SIGNATURE											
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent sig	nature required wh	nen reinstating)		DATE		·	
							<del></del>				
	FILE NOW	: FEE IS \$61.25	9. Election Ca	9. Election Campaign Financing			Ma	ake Check	Payable	to	
After September 10, 2003, min will be \$236.25			36.25 Trust Fund	Trust Fund Contribution.					ment of		
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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.

CITY-ST-ZIP

SIGNATURE: U ATTOUT TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTO

. 407-699-7210