

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

DOCUMENT # [REDACTED]

1. Entity Name 796000004325
Iglesia Cristiana Peniel Inc.

FILED

02 APR -5 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
482 N.W. 69th. Ave.
Suite, Apt. #, etc.

3. Mailing Address
482 N.W. 69th. Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Margate, Fl.

City & State
Margate, Fl.

4. FEI Number
65-0695744

Applied For
 Not Applicable

Zip
33063 Country
Broward

Zip
33063 Country
Broward

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Luis Garcia
Street Address (P.O. Box Number is Not Acceptable)
2700 N.W. 99th. Ave. Bldg. B. No. 623B.
City Coral Springs, **FL** Zip Code 33065

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: Luis Garcia Luis Garcia (President) 4-16-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	President- <u>Luis Garcia</u> <u>2700 N.W. 99th. Ave. #623B.</u> <u>Coral Springs, Fl. 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <u>Israel Mendoza</u> <u>1600 N.W. 67th. Ave,</u> <u>Margate, Fl, 33063</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <u>Luris Barrios</u> <u>1605 Winfield Blvd. No.30</u> <u>Margate, Fl. 33063</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <u>Lydia E. Mendoza</u> <u>1600 N.W. 67th. Ave.</u> <u>Margate, Fl, 33063</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <u>Nereida Aponte</u> <u>5510 Lakeside Dr. No. 202</u> <u>Margate, Fl. 33063</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <u>Adelaida Lara</u> <u>7605 N.W. 5th. Ct. B.29 # 208</u> <u>Margate Fl. 33063</u>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200005452132--1</u> <u>-05/06/02--01021--020</u> <u>*****61.25 *****61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200005452132--1</u> <u>-05/06/02--01021--021</u> <u>*****8.75 *****8.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Luis Garcia Luis Garcia 4-16-02 954)255-8931

CR2E037B (12/01)