

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90123 013 \*\*\*\*61.25

DOCUMENT # **N96000004959**

1. Entity Name

**Concilio Pentecostal de Dios Inc.**

Principal Place of Business

Mailing Address

**A0086738**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6017 Roosevelt Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3401717**

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

**REV. SAMUEL FIGUEROA**  
**6017 Roosevelt Blvd #113**  
**JACKSONVILLE FL. 32244**

Name

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

City

**FL**

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.

SIGNATURE

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**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **REV. SAMUEL FIGUEROA**  
 STREET ADDRESS **6017 Roosevelt Blvd #113**  
 CITY-ST-ZIP **JACKSONVILLE FL. 32244**

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

TITLE ☐ Delete  
 NAME **S/T**  
 STREET ADDRESS **REV. RUTH M. FIGUEROA**  
 CITY-ST-ZIP **6017 Roosevelt Blvd #113**  
**JACKSONVILLE FL. 32244**

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

TITLE ☐ Delete  
 NAME **REV. JUAN FIGUEROA**  
 STREET ADDRESS **1807 Michigan Ave #C**  
 CITY-ST-ZIP **KISSIMMEE FL.**

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

TITLE ☐ Delete  
 NAME **Min. FRANCISCO FLORES JR.**  
 STREET ADDRESS **4430 Medallion Dr. #723**  
 CITY-ST-ZIP **DULAND FL. 32808**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 reports 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:

**Rev. Samuel Figueroa**

**9-11-01 904-777-1061**

CR2E037 (5/01)