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03 JUN -9 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900020687339
06/09/03--01083--005 **61.25

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

DOCUMENT # N96000004959

1. Entity Name
CONCILIO PENTECOSTAL DE DIOS, INC.

Principal Place of Business	Mailing Address
6017 ROOSEVELT BLVD. APT., #113 JACKSONVILLE, FL 32244 US	6017 ROOSEVELT BLVD. APT., #113 JACKSONVILLE, FL 32244 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
622 Renassaince Pointe	
Suite, Apt. #, etc.: Apt # 202	Suite, Apt. #, etc.
City & State: Altamonte Springs	City & State
Zip: 32714 Country: USA	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
FIGUEROA, SAMUEL REV. 6017 ROOSEVELT BLVD. #113 JACKSONVILLE, FL 32244	Name: Rev. Samuel Figueroa Street Address (P.O. Box Number is Not Acceptable): 622 Renassaince Pointe Apt # 202 City: Altamonte Springs FL Zip Code: 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIGUEROA, SAMUEL REV. 6017 ROOSEVELT BLVD., #113 JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FIGUEROA, RUTH M REV. 6017 ROOSEVELT BLVD., #113 JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIGUEROA, JUAN REV. 1130 WIND WAY CIRCLE KISSIMMEE, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, FRANCISCO MIN. 4430 MEDALION DR., #723 ORLANDO, FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ 5/13/03 407-297-9941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/10