

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000655

1. Entity Name

IGLESIA PABELLON PENTECOSTAL DE LUZ Y VIDA, INC.

Principal Place of Business

Mailing Address

5763 CURRY FORD RD
ORLANDO FL 32807
US

4005 BERLIN COURT
ORLANDO FL 32822

2. Principal Place of Business

5763 Curry Ford RD.

Suite, Apt. #, etc.

3. Mailing Address

4005 Berlin Court

Suite, Apt. #, etc.

City & State

Orlando, Fla. 32822

City & State

Orlando, Fla. 32822-7677

Zip

32822

Country

Orange Co.

Zip

32822-7677

Country

Orange Co.

4. FEI Number

68-1215865

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AYALA, ANGEL L
4005 BERLIN COURT
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Same as Above

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

N/A

City

N/A

FL

Zip Code

N/A

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 Same Person above.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/16/01

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE VP
NAME AYALA, ROSENDA
STREET ADDRESS 4005 BERLIN COURT
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE TD
NAME ROSADO, JUAN
STREET ADDRESS 3297 WINDY WD DR
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE P
NAME AYALA, ANGEL L REV
STREET ADDRESS 4005 BERLIN CT
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE SD
NAME MERCED, EVELYN
STREET ADDRESS 539 CYPRESS TREE CT
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE TR
NAME RAMOS, FRANK
STREET ADDRESS 6350 BROOKHILL CIR
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE TRW
NAME Walter O. Rodriguez
STREET ADDRESS 539 Cypress Tree Court.
CITY-ST-ZIP Orlando, Fla. 32825-8657 ☐ Change ☒ Addition

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

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: Rev. Angel L. Ayala 01/16/01 407-3824341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DO NOT WRITE IN THIS SPACE

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