

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001969

FILED
Apr 28, 2003
Secretary of State

Entity Name: IGLESIA CRISTIANA RESPLANDECE, INC.

Current Principal Place of Business:

701 CAMELLIA DR.
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1228 EVEREST PKWY
CAPE CORAL,, FL 33904

New Mailing Address:

FEI Number: 65-0782390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENIS, ROSA M PASTOR
1228 EVEREST PKWY
CAPE CORAL,, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DENIS, ROSA M
Address: 1228 EVEREST PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: PARRA, AMPARO
Address: 330 S E 47 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: VILELLA, GLADYS
Address: 2336 SUNRISE BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: VALDIVIA, MARIA E
Address: 1228 EVEREST PKWY
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: QUIÑONES, REY
Address: 4704 STA. BARBARA BLVD.
City-St-Zip: CAPE CORL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REY QUIÑONES

D

04/28/2003

Electronic Signature of Signing Officer or Director

Date