

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90002 033 ****61.50

DOCUMENT # N97000004037

1. Entity Name

IGLESIA BAUTISTA JESUS EL BUEN PASTOR INC.

Principal Place of Business

Mailing Address

6205 N HIMES AVE
 TAMPA FL 33614
 US

3229 AMBERMIST DR
 TAMPA FL 33619
 US

2. Principal Place of Business

3. Mailing Address

5505 BAPTIST CHURCH RD

5505 BAPTIST CHURCH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33610

Country
HILLSBORO

Zip
33610

Country
HILLSBORO

4. FEI Number

65-0763526

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL
10921 AIRVIEW DR
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name **RAMON E. ABREU**

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

4631 76TH AVENUE N.

City **PINELLAS PARK**

FL

Zip Code **33781**

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

Ramon E. Abreu **SECRETARY**

1/26/2000

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

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	P	<input type="checkbox"/> Delete
NAME	CHACON, NISBEL	
STREET ADDRESS	3729 AMBERMIST DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ABREU, RAMON E	
STREET ADDRESS	4631- 76TH AVE N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, RAFAEL	
STREET ADDRESS	10921 AIRVIEW DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, ELIZABETH	
STREET ADDRESS	1705 W HUMP HREY ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIEGURZ, ALFONSO	
STREET ADDRESS	5805 N BLOSSOM AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JUAN C	
STREET ADDRESS	3729 AMBERMIST DR	
CITY-ST-ZIP	TAMPA FL 33619	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, RAMON E.	
STREET ADDRESS	4631 76TH AVE N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RAFAEL	
STREET ADDRESS	10921 AIRVIEW DR	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ELIZABETH	
STREET ADDRESS	1705 W. HUMPHREY ST	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOSA, JESUS M.	
STREET ADDRESS	5109 PENNSBURY DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JUAN JOSE	
STREET ADDRESS	3713 PATINA DR.	
CITY-ST-ZIP	TAMPA, FL 33619	

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 an other I am empowered.

SIGNATURE:

Nisbel Chacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 (813) 628 00

Date

Daytime Phone #