

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005835

1. Entity Name

IGLESIA CRISTIANA DE DELTONA (DISCIPLES OF CHRIS
T) INC.

Principal Place of Business

Mailing Address

1596 ENTERPRISE OSTEEN
ENTERPRISE FL 32725
US

1596 ENTERPRISE OSTEEN
ENTERPRISE FL 32725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3420362

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

CORTES, DAVID
2972 PORTSMOUTH ST
DELTONA FL 32738

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

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 MD
NAME CORTES, ERNESTO
STREET ADDRESS 2921 PORTSMOUTH ST
CITY-ST-ZIP DELTONA FL 32738 ☒ Delete

TITLE MD
NAME Awilda Dugue
STREET ADDRESS 1726 Pine Ave
CITY-ST-ZIP Deland, FL 32724 ☒ Change ☐ Addition

TITLE T
NAME RODRIGUEZ, HECTOR
STREET ADDRESS 3114 LYNNHAVEN ST
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

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

TITLE FSD
NAME REYES, AMERICA
STREET ADDRESS 714 PRESTON AVE
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

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

TITLE T
NAME GARCIA, ANGEL
STREET ADDRESS 3339 RONALD ST
CITY-ST-ZIP DELTONA FL 32738 ☒ Delete

TITLE T
NAME Jose Dugue
STREET ADDRESS 1726 Pine Ave
CITY-ST-ZIP Deland, FL 32724 ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 328-8756

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90148 030 *****61.25



DO NOT WRITE IN THIS SPACE

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