2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N97000006865** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name IGLESIA DEL NAZARENO DE WINTER PARK, INC. 04-24-2000 90011 044 ****61.25 Principal Place of Business Mailing Address 1220 FORMOSA AVENUE 1220 FORMOSA AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789-5325 2. Principal Place of Business 3. Mailing Address Formos a **FORMOSA** DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3158302 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAnuel GUZMAN Street Address (P.O. Box Number is Not Acceptable) SOTO, DENIS 1220 FORMOSA AVENUE 1220 tormosa Ave. WINTER PARK FL 32789 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Ď D TITLE Delete TITLE FRANCISCO Rodriquez Jr. RODRIGURZ, CARLOS NAME NAME 5903 Lemos C4. STREET ADDRESS STREET ADDRESS 1312 WOODFIELD OAKS DR CITY-ST-ZIP ORlANDO FL 32818 CITY-ST-ZIP APOPKA FL_32703 Addition ☐ Change Delete TITLE TITLE Migdalia Sanchez 158-Florida Parkway=-NAME NAME VEGA, SAMUEL STREET ADDRESS STREET ADDRESS 1135 SUNCREST DR CITY-ST-ZIP Kissimmee FL 34743 CiTY-ST-ZIP APOPKA FL 32703 Change Addition ☐ Delete TITLE TITLE ORlando Rivera NAME NAME ZAYAS, IRMA 8550 Pocasset Place STREET ADDRESS STREET ADDRESS 5903 LEMOS CT ORIANDO CITY-ST-ZIP 32827 CITY-ST-ZIE ORLANDO FL 32808 **Addition** ☐ Change ☐ Delete TITLE D TITI F S Aracelis Morales NAME NAME ACOSTA, IRMA I 7581 Thelma WAY OALANDO, FL 32822 STREET ADDRESS STREET ADDRESS 6758 MERITMOOR CIR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Addition ☐ Change ☐ Delete TITLE D TITLE ARIUZKA GUZMAN NAME NAME 9460 Turkey Oak Bend STREET ADDRESS STREET ADDRESS ONLANDO FL 32817 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR