

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006865

1. Entity Name

IGLESIA DEL NAZARENO DE WINTER PARK, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90011 044 ****61.25

Principal Place of Business

Mailing Address

1220 FORMOSA AVENUE
WINTER PARK FL 32789

1220 FORMOSA AVENUE
WINTER PARK FL 32789-5325

2. Principal Place of Business

3. Mailing Address

Formosa Ave.

Formosa Ave.

Suite, Apt. #, etc.

1220

Suite, Apt. #, etc.

1220

City & State

Winter Park

City & State

Winter Park

Zip

32789

Country

Zip

32789

Country

4. FEI Number

59-3158302

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

SOTO, DENIS
1220 FORMOSA AVENUE
WINTER PARK FL 32789

Name

Angel Manuel Guzman

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

1220 Formosa Ave.

City

Winter Park

FL

Zip Code

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.

SIGNATURE

Angel M. Guzman - Minister

4-14-00

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	D	☒ Delete
NAME	RODRIGURZ, CARLOS	
STREET ADDRESS	1312 WOODFIELD OAKS DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	☒ Delete
NAME	VEGA, SAMUEL	
STREET ADDRESS	1135 SUNCREST DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	☐ Delete
NAME	ZAYAS, IRMA	
STREET ADDRESS	5903 LEMOS CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	☐ Delete
NAME	ACOSTA, IRMA I	
STREET ADDRESS	6758 MERITMOOR CIR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	Francisco Rodriguez Jr.	
STREET ADDRESS	5903 Lemos Ct.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	☐ Change ☒ Addition
NAME	Migdalia Sanchez	
STREET ADDRESS	768 Florida Parkway	
CITY-ST-ZIP	Kissimmee FL 34743	
TITLE	D	☐ Change ☒ Addition
NAME	Orlando Rivera	
STREET ADDRESS	8550 Pocasset Place	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	D	☐ Change ☒ Addition
NAME	Aracelis Morales	
STREET ADDRESS	7581 Thelma Way	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	☐ Change ☒ Addition
NAME	Ariuzka Guzman	
STREET ADDRESS	9460 Turkey Oak Bend	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

4-14-00

407-644-6201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)