

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000394

1. Entity Name

IGLESIA PENTECOSTAL ARCA DE BENDICION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90166 026 ****61.25

Principal Place of Business

Mailing Address

6830 N HABANA AVE
 TAMPA FL 33614

6830 N HABANA AVE
 TAMPA FL 33614-4323

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

59-3488866

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

MARTINEZ, FRANCISCO
 8202 OLIVEWOOD PLACE
 TAMPA FL 33615

7. Name and Address of New Registered Agent

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

FRANCISCO MARTINEZ

4-15-2000

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 PD Delete
 NAME MARTINEZ, FRANCISCO
 STREET ADDRESS 8202 OLIVEWOOD PLACE
 CITY-ST-ZIP TAMPA FL 33615

TITLE TD Delete
 NAME ALEMAN, BLANCA
 STREET ADDRESS 6816 S DAUPHIN AVE
 CITY-ST-ZIP TAMPA FL 33611

TITLE D Delete
 NAME CARREGAL, ALAN
 STREET ADDRESS 6115 N ARMENIA AVE
 CITY-ST-ZIP TAMPA FL 33604

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

Francisco Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000

Date

Daytime Phone #

CR2E037 (9/99)