

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90130 034 ****61.25

DOCUMENT # N98000000394

1. Entity Name
IGLESIA PENTECOSTAL ARCA DE BENDICION, INC.



Principal Place of Business
**8405 W HIME AVE
TAMPA FL 33614**

Mailing Address
**#9805 CEDAR ST.
TAMPA FL 33635**

90020917



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3488866**

Applied For

Not Applicable

Zip Country Zip Country

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

**CRUZADO, HECTOR L
SHELDON 3 LAKES
#9805 CEDAR ST.
TAMPA FL 33635**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CRUZADO, HECTOR L	#9805 CEDAR ST	TAMPA FL 33605	<input type="checkbox"/>	<input type="checkbox"/>
T	PARRILLA, LUZ E	4201 YULKON STREET	TAMPA FL 33617	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	GUZMAN, LUZ	9805 CEDAR STREET	TAMPA FL 33635	<input type="checkbox"/>	<input type="checkbox"/>
OD	ESPINEL, CARLOS F	12101 N. DALE MABRY HWY APT 404	TAMPA FL 33618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	ESPINEL-MENDEZ, LUCY P	12101 N DALE MABRY HWY APT 404	TAMPA FL 33618	<input type="checkbox"/>	<input type="checkbox"/>
OD	MANZANO, ALBA	#1015 E. FLORA ST.	TAMPA FL 33604	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (10/02)