

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001903

1. Entity Name

IGLESIA DE DIOS PENTECOSTAL LUZ EN LAS TINIEBLAS

Principal Place of Business

Mailing Address

P.O. BOX 582411
ORLANDO FL 32859

P.O. BOX 582411
ORLANDO FL 32859-2411

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

16-1452897

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

VALLE, RAFAEL
2315 MYRNA ST
ORLANDO FL 32839

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 \$51.25

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 PD
NAME VALLE, RAFAEL
STREET ADDRESS 5302 LIMELIGHT CIRCLE, APT 2
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

TITLE D
NAME SANTOS, RAMONITA
STREET ADDRESS 2386 BLUE SAPPHIRE CIR
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE VD
NAME CRESPO, ALBERTO JR
STREET ADDRESS 2335 BLANDA ST
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

TITLE SD
NAME CRESPO, CINDY
STREET ADDRESS 2338 BLANDA ST
CITY-ST-ZIP ORLANDO FL 32839 ☐ 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

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: *Rev. Rafael Valle*

03-08-2000

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FILED
Mar 13, 2000 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

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