

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90019 049 ****61.25

DOCUMENT # N98000002864

1. Entity Name

IGLESIA DE CRISTO "SU PODER EN ACCION" CORP.

Principal Place of Business

Mailing Address

**719 PRADO CIRCLE
 KEY WEST FL 33040**

**3330 NORTHSIDE DR. #402
 KEY WEST FL 33040**

80021252



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3330 Northside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

City & State

Key West, FL

4. FEI Number

65-0877178

Applied For

Not Applicable

Zip

Country

Zip

Country

33040

U.S.A.

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

**CARRION, JOANN
 3330 NORTHSIDE DR.
 #402
 KEY WEST FL 33040**

Name

Joann Carrion

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

3330 Northside Dr.

310

City

Key West

FL

Zip Code

33040

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

Joann Carrion / **Joann Carrion**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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	<input type="checkbox"/> Delete
NAME	MIRANDA, LUCIANO	
STREET ADDRESS	3330 NORTHSIDE DR., #402	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ARIEL L	
STREET ADDRESS	3330 NORTHSIDE DR., #324	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRION, JOANN	
STREET ADDRESS	3330 NORTHSIDE DR., #402	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(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:

Joann Carrion / **Joann Carrion**

DATE

1/23/02

(305)

295-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)