

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90343 031 ****61.25

DOCUMENT # N98000002924

1. Entity Name

IGLESIA DE DIOS EL REBANO FIEL, INC.

Principal Place of Business

4921 E. COLONIAL DRIVE
 ORLANDO FL 32807

Mailing Address

4921 E. COLONIAL DRIVE
 ORLANDO FL 32807

2. Principal Place of Business

4921 E. colonial dr
 Suite, Apt. #, etc.

3. Mailing Address

4921 E. colonial dr
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3529322

Applied For

Not Applicable

Zip

32807

Country

Orange

Zip

32807

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE LA ROSA, DIOGENES
 5808 WILLOWBUD COURT
 ORLANDO FL 32807

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

Diogenes De la Rosa

DIOGENES DELA ROSA - PASTOR

5-5-02

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	PPD	<input type="checkbox"/> Delete
NAME	DE LA ROSA, DIOGENES	
STREET ADDRESS	5808 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DE LA ROSA, DOLORES	
STREET ADDRESS	5808 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANTIAGO, ROSA	
STREET ADDRESS	331 JOHNSON COURT	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, YOLANDA	
STREET ADDRESS	997 OROPESA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOREL, VICENTE	
STREET ADDRESS	1217 EASTON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, PAUL	
STREET ADDRESS	1913 TROPIC BAY CT.	
CITY-ST-ZIP	ORLANDO FL 32808	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nari, m. Echevarria	
STREET ADDRESS	758 Wolf Creek Ct	
CITY-ST-ZIP	Applica FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD Oscar Colon	
STREET ADDRESS	1917 Easton Street	
CITY-ST-ZIP	Orlando FL 32805	

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

Daytime Phone #

CR2E037 (9/01)