

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90144 009 ****70.00

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



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4921 E. Colonial Dr.

3. Mailing Address

4921 E. Colonial Dr.

Suite, Apt. #, etc.

Orlando, FL

Suite, Apt. #, etc.

Orlando, FL

City & State

FL

City & State

Orlando, FL

Zip

32807

Country

U.S.A.

Zip

32807

Country

U.S.A.

4. FEI Number 59-3529322

Applied For

Not Applicable

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

SIGNATURE: *Diogenes de la Rosa* 3/17/2003

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PPD	☐ Delete
NAME	DE LA ROSA, DIOGENES	
STREET ADDRESS	5808 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VPD	☐ Delete
NAME	DE LA ROSA, DOLORES	
STREET ADDRESS	5808 WILLOWBUD COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	DT	☒ Delete
NAME	SANTIAGO, ROSA	
STREET ADDRESS	758 WOLF CREEK CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	☒ Delete
NAME	ECHIVARRIA, YARI M	
STREET ADDRESS	758 WOLF CREEK CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	☒ Delete
NAME	MOREL, VICENTE	
STREET ADDRESS	1217 EASTON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	☒ Delete
NAME	DELGADO, RAUL	
STREET ADDRESS	1217 EASTON ST.	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PPD	☐ Change ☐ Addition
NAME	Diogenes de la Rosa	
STREET ADDRESS	5808 Willow Bud Ct	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	VPD	☐ Change ☐ Addition
NAME	Dolores de la Rosa	
STREET ADDRESS	5808 Willow Bud Ct	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	DT	☐ Change ☐ Addition
NAME	Oscar Colon	
STREET ADDRESS	5717 Pine Flare Blvd	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	S	☒ Change ☐ Addition
NAME	Carmon Salazar	
STREET ADDRESS	5445 Lehigh Ave.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	SD	☒ Change ☐ Addition
NAME	Emily Albero	
STREET ADDRESS	1218 Easton St	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	SD	☒ Change ☐ Addition
NAME	Esperanza DeLaRosa	
STREET ADDRESS	1218 Rustic Dr. Orlando, FL 32809	

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 AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)