

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


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91710 001 ****61.25
04-28-2003 91710 002 *****8.75

0092548

DOCUMENT # N98000003096

1. Entity Name
IGLESIA PENTECOSTAL ESPIRITU SANTO, INC.



Principal Place of Business Mailing Address
285 MARION OAKS LANE **15249 SW 39 CIR**
OCALA FL 34473 **OCALA FL 34473**

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: **59-3488965** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DE LA ROSA, ANDRES
15249 SW 39 CIR
OCALA FL 34473

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 _____ (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	SD	<input type="checkbox"/> Delete
NAME	DE LA ROSA, MARIA	
STREET ADDRESS	15249 SW 39 CIR	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMOS, ANA	
STREET ADDRESS	2856 SW 161 LP	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ORTIZ, MYRIAM	
STREET ADDRESS	15249 SW 39 CIR	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA ROSA, ANDRES	
STREET ADDRESS	15249 SW 39 CIR	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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(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 of Andres De La Rosa Date: 4/1/03 Phone: (352) 347-8874

CR2E037 (10/02)