

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90064 033 ****61.25

DOCUMENT # N98000003469

1. Entity Name

IGLESIA CRISTIANA CANDELERO DE ORO, INC.

Principal Place of Business

Mailing Address

~~400 S ORLANDO AVE
 MAITLAND FL 32857-4103~~

~~801 HUNTINGTON PLACE
 ORLANDO FL 32803-6617~~

2. Principal Place of Business

3. Mailing Address

4451 OLD WINTER GARDEN RD PO BOX 574103
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Orlando, FL

Orlando FL

4. FEI Number

59-3514700

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **32808**

Country **Orange**

Zip **32857-4103**

Country **Orange**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BORRERO, ELISEO
 801 HUNTINGTON PLACE
 ORLANDO FL 32803~~

Name **Jose R. Rodriguez**

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

11 SILVER SWAN CT

City **Kissimmee**

FL

Zip Code **34743-3811**

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 *Jose R. Rodriguez* **Jose R. Rodriguez**

4/21/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIR** Delete
 NAME ~~BORRERO, ELISEO~~
 STREET ADDRESS ~~801 HUNTINGTON PL~~
 CITY-ST-ZIP ~~ORLANDO FL 32807~~

TITLE **DIR** Change Addition
 NAME **JOSE R. RODRIGUEZ**
 STREET ADDRESS **11 SILVER SWAN CT**
 CITY-ST-ZIP **KISSIMMEE FL 34743-3811**

TITLE **DIR** Delete
 NAME **TIRADO, RITA**
 STREET ADDRESS ~~5500 ROUND LAKE DR~~
 CITY-ST-ZIP ~~APOPKA FL 32712~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIR** Delete
 NAME ~~FIGUEROA, RAFAEL~~
 STREET ADDRESS ~~9309 SPRINGVALE DR~~
 CITY-ST-ZIP ~~ORLANDO FL 32718~~

TITLE **DIR** Change Addition
 NAME **RUBEN RODRIGUEZ**
 STREET ADDRESS **6159 ROXBURG AVE**
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **DIR** Delete
 NAME **NIEVES, INES**
 STREET ADDRESS **1542 SILVERSMITH PL**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Jose R. Rodriguez* **Jose R. Rodriguez**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (407) 348-6183
 Date Daytime Phone #