

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

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

04-28-2003 90199 035 ****61.25

03/40/03

DOCUMENT # N98000003469

1. Entity Name

IGLESIA CRISTIANA CANDELERO DE ORO, INC.



Principal Place of Business

~~4451 OLD WINTER GARDEN RD~~
~~ORLANDO FL 32839~~

Mailing Address

PO BOX 680040
ORLANDO FL 32868-0040

2. Principal Place of Business

4716 S. ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FL

City & State

4. FEI Number **59-3514700**

Applied For

Not Applicable

Zip

32806

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE R
11 SILVER SWAN CT
KISSIMEE FL 34743

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIR	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE R	
STREET ADDRESS	11 SILVER SWAN CT	
CITY-ST-ZIP	KISSIMEE FL 34743-3811	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	TIRADO, RITA	
STREET ADDRESS	5500 ROUND LAKE DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	NIEVES, INES	
STREET ADDRESS	1542 SILVERSMITH PL	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	SERRANO, JOSE A	
STREET ADDRESS	1117 SUMMER LAKES DR	
CITY-ST-ZIP	ORLANDO FL 32835	
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	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruben Rodriguez	
STREET ADDRESS	6159 ROXBURG AVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
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]* **REQUIRED**

04/23/03 (407)348-6183

CR2E037 (10/02)