

# 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

**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

3. Mailing Address

**4716 S. ORANGE AVE**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

**32806**

Country

**ORANGE**

Zip

Country

4. FEI Number **59-3514700**

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

7. Name and Address of New Registered Agent

**RODRIGUEZ, JOSE R**  
**11 SILVER SWAN CT**  
**KISSIMMEE FL 34743**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIR** ☐ Delete  
NAME **RODRIGUEZ, JOSE R**  
STREET ADDRESS **11 SILVER SWAN CT**  
CITY-ST-ZIP **KISSIMMEE FL 34743-3811**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 **DIR** ☐ Delete  
NAME **SERRANO, JOSE A**  
STREET ADDRESS **1117 SUMMER LAKES DR**  
CITY-ST-ZIP **ORLANDO FL 32835**

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:

**SIGNATURE REQUIRED**

**04/23/03 (407)348-6183**

CR2E037 (10/02)