

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90244 009 ****70.00

DOCUMENT # N98000003687

1. Entity Name

IGLESIA CRISTO TE AMA INC.

Principal Place of Business

Mailing Address

**1900 SR 64 W.
 AVON PARK FL 33825**

**4221 CAPRI ST.
 SEBRING FL 33872**

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

59-3520824

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, CANDIDO
 4221 CAPRI ST.
 SEBRING FL 33872**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---------------------------------|---------------------------------|---------------------------|---------------------------------|
| T CARDONA, HILDA E | 2330 JACKSON HEIGHTS DR | SEBRING FL 33872 | <input type="checkbox"/> |
| T DE LA ROSA, MARIA T | 901 S FLORIDA AVE APT 17 | AVON PARK FL 33825 | <input type="checkbox"/> |
| T HERNANDEZ, BELINDA | 812 PORSHE ST | SEBRING FL 33872 | <input type="checkbox"/> |
| D GARCIA, CANDIDO REV | 4221 CAPRI ST | SEBRING FL 33872 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|------------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

863-471-6893

Date

Daytime Phone #

CR2E037 (10/00)