

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90130 025 ****61.25

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

T Delete
 NAME **CARDONA, HILDA E**
 STREET ADDRESS **2330 JACKSON HEIGHTS DR**
 CITY-ST-ZIP **SEBRING FL 33872**

S Change Addition
 NAME **SANDRA RIVERA**
 STREET ADDRESS **11800 US 27 S**
 CITY-ST-ZIP **Sebring Fl. 33870**

T Delete
 NAME **DE LA ROSA, MARIA T**
 STREET ADDRESS **901 S FLORIDA AVE APT 17**
 CITY-ST-ZIP **AVON PARK FL 33825**

Change Addition

T Delete
 NAME **HERNANDEZ, BELINDA**
 STREET ADDRESS **812 PORSHE ST**
 CITY-ST-ZIP **SEBRING FL 33872**

Change Addition

D Delete
 NAME **GARCIA, CANDIDO REV**
 STREET ADDRESS **4221 CAPRI ST**
 CITY-ST-ZIP **SEBRING FL 33872**

Change Addition

Delete

Change Addition

Delete

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4-1-02

Date

863-471-6823

Daytime Phone #

CR2E037 (9/01)