


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91846 008 \*\*\*\*61.25

**DOCUMENT # N98000003687**

1. Entity Name  
**IGLESIA CRISTO TE AMA INC.**



Principal Place of Business  
**1900 SR 64 W.  
AVON PARK FL 33825**

Mailing Address  
**4221 CAPRI ST.  
SEBRING FL 33872**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CARDONA, HILDA E</b>	
STREET ADDRESS	<b>2330 JACKSON HEIGHTS DR</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA ROSA, MARIA T</b>	
STREET ADDRESS	<b>901 S FLORIDA AVE APT 17</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, CANDIDO REV</b>	
STREET ADDRESS	<b>4221 CAPRI ST</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERA, SANDRA</b>	
STREET ADDRESS	<b>11800 US 27 SOUTH</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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* **5-1-03** **863-471-6893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)