5/21/01-90343

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
05-21-2001 90343 019 ****70.00

DOCUMENT # N98000004496

1. Entity Name

IGLESIA TABERNACULO DE JESUCRISTO H.C., INC.

Principal Place of Business	Mailing Address
3270 FAIRHAVEN AVE KISSIMMEE FL 34746	3270 FAIRHAVEN AVE KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
415 N. MAIN STREET	3270 FAIRHAVEN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL 34744	City & State: KISSIMMEE, Florida
Zip: 34744	Zip: 34746
Country: OSCEOLA	Country: OSCEOLA

4. FEI Number: 59-3528927 ☑ Applied For ☐ Not Applicable

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
RAMOS, ERNESTO 3270 FAIRHAVEN AVE KISSIMMEE FL 34746	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 _____ 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, ERNESTO 3270 FAIRHAVEN AVE KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIXTO LEONEL LUNA 1428 DORADO DRIVE. APT A KISSIMMEE, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, RAMONA 3270 FAIRHAVEN AVE KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BENIGNO REYES 2301 SONORA COURT KISSIMMEE, FL 34746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, CARMEN 2400 SAN CLEMENTE KISSIMMEE FL 34746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, CARLOS 2400 SAN CLEMENTE KISSIMMEE FL 34746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 6-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #