

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005497

1. Entity Name

IGLESIA PENTECOSTAL GETSEMANI, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90970 042 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 100653
PALM BAY FL 32910

P.O. BOX 100653
PALM BAY FL 32910-0653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 100653

P.O. Box 100653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Palm Bay, FL**

City & State **Palm Bay, FL**

4. FEI Number **59-3544455**

Applied For
Not Applicable

Zip **32910**

Country **BREVARD**

Zip **32910**

Country **BREVARD**

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

HAUCK, TRACY
525 E STRAWBRIDGE AVE, SUITE 5
MELBOURNE FL 32901

Name **Samuel**

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	D	<input type="checkbox"/> Delete
NAME	VIDAL, JENNY	
STREET ADDRESS	PO BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATOS, NELSON	
STREET ADDRESS	PO BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGOSTO, YOLANDA	
STREET ADDRESS	PO BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vidal, Jenny	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Vidal Jr.	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson matos	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yolanda Agosto	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis VARGAS	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN SANTIAGO	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-00 (321) 956-9458

Date

Daytime Phone #

CR2E037 (9/99)