

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90175 004 ****70.00

DOCUMENT # N98000005497

1. Entity Name

IGLESIA PENTECOSTAL GETSEMANI, INC.

Principal Place of Business

P.O. BOX 100653
PALM BAY FL 32910

Mailing Address

P.O. BOX 100653
PALM BAY FL 32910

2. Principal Place of Business

1306 MAJABAR Rd. SE.

3. Mailing Address

P.O. BOX 100653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

City & State

Palm Bay, Florida

Zip

Country

Zip

Country

4. FEI Number

59-3544455

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

TITLE VP
NAME VIDAL, JENNY
STREET ADDRESS PO BOX 100653
CITY-ST-ZIP PALM BAY FL 32910 ☐ Delete

TITLE T
NAME MATOS, NELSON
STREET ADDRESS PO BOX 100653
CITY-ST-ZIP PALM BAY FL 32910 ☐ Delete

TITLE S
NAME AGOSTO, YOLANDA
STREET ADDRESS PO BOX 100653
CITY-ST-ZIP PALM BAY FL 32910 ☒ Delete

TITLE P
NAME VIDAL, SAMUEL JR
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY FL 32910 ☐ Delete

TITLE D
NAME VARGAS, LUIS
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY FL 32910 ☒ Delete

TITLE D
NAME SANTIAGO, JUAN
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY FL 32910 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME Meribeth Lugo
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY, FL 32910 ☐ Change ☒ Addition

TITLE D
NAME America Ruiz
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY, FL 32910 ☐ Change ☒ Addition

TITLE D
NAME Raul Pagan
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY, FL 32910 ☐ Change ☒ Addition

TITLE D
NAME RYAN Lugo
STREET ADDRESS P.O. BOX 100653
CITY-ST-ZIP PALM BAY, FL 32910 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-01 (321) 956-1898

Date Daytime Phone #

CR2E037 (10/00)