

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90109 024 \*\*\*\*\*70.00

**DOCUMENT # N98000005497**

1. Entity Name

**IGLESIA PENTECOSTAL GETSEMANI, INC.**



Principal Place of Business

**765 S. APOLLO BLVD.  
MELBOURNE FL 32901**

Mailing Address

**P.O. BOX 100653  
PALM BAY FL 32910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

**VIDAL, SAMUEL  
146 RACHEL ST., #2  
MELBOURNE FL 32901**

→ *change  
of  
Address*

Name

Street Address (P.O. Box Number is Not Acceptable)

**198 Rachel St. #4**

City

**Melbourne**

FL

Zip Code

**32901**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	VIDAL, JENNY	
STREET ADDRESS	PO BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEGRON, ROBERTO	
STREET ADDRESS	PO BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LUGO, MERIBETH	
STREET ADDRESS	P.O. BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	P	<input type="checkbox"/> Delete
NAME	VIDAL, SAMUEL JR	
STREET ADDRESS	P.O. BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, DANIEL	
STREET ADDRESS	P.O. BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAL, HAYDEE	
STREET ADDRESS	P.O. BOX 100653	
CITY-ST-ZIP	PALM BAY FL 32910	

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis A. Rosado	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosendo Flores	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ives Agosto	
STREET ADDRESS	P.O. Box 100653	
CITY-ST-ZIP	Palm Bay, FL 32910	
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]*

04-07-03 321-298-0875

CR2E037 (10/02)