

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006627

1. Entity Name

IGLESIA CRISTIANA ALTAR FAMILIAR, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90024 037 ****61.25

Principal Place of Business : Mailing Address
1107 COMMERCE AVE. P.O. BOX 2298
HAINES CITY FL 33844 DAVENPORT FL 33836-2298

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
59-3563410

☒ 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

HERNANDEZ, DAVID
3616 MINUTE MAID RAMP RD. 1
DAVENPORT FL 33837

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HERNANDEZ, DAVID
STREET ADDRESS 3616 MINUTE MAID RAMP RD 1
CITY-ST-ZIP DAVENPORT FL 33837

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

TITLE VTD ☐ Delete
NAME HERNANDEZ, WANDA I
STREET ADDRESS 3616 MINUTE MAID RAMP RD 1
CITY-ST-ZIP DAVENPORT FL 33837

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

TITLE SD ☐ Delete
NAME GARCIA, MARIA
STREET ADDRESS 111 NORTH 10TH ST
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE MD ☐ Delete
NAME GARCIA, JUAN C
STREET ADDRESS 111 NORTH 10TH ST
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Signed Officer Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/00 (803) 420-0240
Date Daytime Phone #

CR2E037 (9/99)