

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90853 042 \*\*\*\*70.00

**DOCUMENT # N99000000684**

1. Entity Name

**IGLESIA DE JESUCRISTO RIOS DE AGUA VIVA, INC.**

Principal Place of Business

Mailing Address

**3377 ALOMA  
 WINTER PARK FL 32792**

**4970 N. PINE AVENUE  
 WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

**3377 ALOMA**

**4970 N. PINE AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WINTER PARK FL**

**WINTER PARK FL**

Zip

Country

Zip

Country

**32792 USA**

**32792 USA**

4. FEI Number

**59-3549189**

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

**GONZALEZ, LEONARDO  
 4970 N. PINE AVENUE  
 WINTER PARK FL 32792**

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**  
 NAME **GONZALEZ, LEONARDO**  Delete  
 STREET ADDRESS **4970 N. PINE AVE.**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  
 NAME **PADUA, PEDRO**  Delete  
 STREET ADDRESS **2448 FADRY CIR.**  
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TD**  Change  Addition  
 NAME **TREASURER**  
 STREET ADDRESS **ORESTES HERNANDEZ**  
**3733 GOLDENROD RD.**  
 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **TD**  
 NAME **BELLO, ZAIDA**  Delete  
 STREET ADDRESS **3109 NICHOLSON DR.**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **SD**  Change  Addition  
 NAME **SECRETARY**  
~~IKETIE GONZALEZ~~  
 STREET ADDRESS **4970 N. PINE AVE**  
 CITY-ST-ZIP **WINTER PARK, FL 32792**

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

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)

**42402** **321-885-1975**