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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

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

DOCUMENT # N99000000919

1. Entity Name
IGLESIA CRISTIANA SENALES DE VIDA, INC.

Principal Place of Business	Mailing Address
~~6769 PEMBROKE ROAD~~ ~~PEMBROKE PINES, FL 33023~~	~~6769 PEMBROKE ROAD~~ ~~PEMBROKE PINES, FL 33023~~

2. Principal Place of Business	3. Mailing Address
1800 N. State Rd. 7	1800 N. State Rd. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 County: Broward	Zip: 33021 County: Broward

[redacted]

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0945174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GRACIA, RUDDY~~
~~6769 PEMBROKE ROAD~~ 1800 N. State Rd. 7
~~PEMBROKE PINES, FL 33023~~ Hollywood, FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Mail Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRACIA, RUDDY 3220 SALIAS WAY MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Victor Castro 3396 Foxcroft Rd. #111 Miramar, FL 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRACIA, MARIA 3220 SALINAS WAY MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gustavo Grasso 18014 SW 13 ST. Pembroke Pines, FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, ISABEL 6741 S.W. 28TH COURT MIRAMAR, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Luis Castro 7925 Miramar Pkwy Miramar, FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSADO, ROBERT 23 WEST 449 ST CHARLES RD. CAROL STREAM, IL 60188	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AZAR, AQUILES 3295 SALIAS WAY MIAMAR, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Maria Gracia Maria Gracia 6-11-03 9599631001

SIGNATURE AND TITLE/STATUS OF OFFICER OR DIRECTOR (REQUIRED) Date Daytime Phone #