

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90247 028 \*\*\*\*61.25  
01-29-2003 90137 006 \*\*\*\*\*8.75

**DOCUMENT # N99000002647**

1. Entity Name

**IGLESIA CRISTIANA MISION DE AMOR, INC.**



Principal Place of Business

**2555 NEWBOLT DRIVE  
ORLANDO FL 32817**

Mailing Address

**P.O. BOX 677430  
ORLANDO FL 32867**

2. Principal Place of Business

**9318 E. Colonial Dr.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**Suite B-5**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

Zip

**32807 Orange**

Zip

Country

4. FEI Number **59-3625787**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIOS, ANGEL**

**2555 NEWBOLT DRIVE  
ORLANDO FL 32817**

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

*[Signature]* **Paster**

**1-12-03**

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

TITLE **D** ☐ Delete  
NAME **RIOS, ANGEL**  
STREET ADDRESS **2555 NEWBOLT DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☐ Delete  
NAME **RIOS, SANDRA**  
STREET ADDRESS **2555 NEWBOLT DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **DT** ☐ Delete  
NAME **DEL RIO, MIRIAM**  
STREET ADDRESS **1109 NOLTON WAY**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete  
NAME **DEL RIO, ROSA**  
STREET ADDRESS **634 ROMANO AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Delete  
NAME **MACHADO, IRIS**  
STREET ADDRESS **1109 NOLTON WAY**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, CARLOS**  
STREET ADDRESS **2035 DIXIE BELL DR APT B**  
CITY-ST-ZIP **ORLANDO FL 32822**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-

TITLE **D** ☐ Change ☒ Addition  
NAME **Rosa Sylvia**  
STREET ADDRESS **1815 Park Manor Dr.**  
CITY-ST-ZIP **Orlando FL 32817**

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

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

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

**1-12-03**

Date

Daytime Phone #

CR2E037 (10/02)