

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000002910**

1. Entity Name

IGLESIA DE CRISTO MISIONERA EL TABERNACULO, INC. ✓

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90175 020 ****61.25

Principal Place of Business

Mailing Address

2609 LIZ LANE
 KISSIMMEE FL 34744

2609 LIZ LANE
 KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3626986

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIOS, VICTOR
2609 LIZ LANE
KISSIMMEE FL 34744

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	RIOS, VICTORS	
STREET ADDRESS	2609 LIZ LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRANO, RUBEN	
STREET ADDRESS	407 SEA WILLOW DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIOS, ALMA D	
STREET ADDRESS	407 SEA WILLOW DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rios Eliezer	
STREET ADDRESS	2609 Liz Lane	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez SAMUEL	
STREET ADDRESS	997 Black Street	
CITY-ST-ZIP	Kissimmee, FL-34741	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corraquillo, Rosa	
STREET ADDRESS	1011 Black Street	
CITY-ST-ZIP	Kissimmee, FL-34741	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baez, Mangie	
STREET ADDRESS	1011 Black Street	
CITY-ST-ZIP	Kissimmee, FL-34741	

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] **REQUIRED**

July 7, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)