

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0093670

DOCUMENT # N99000002910

1. Entity Name

IGLESIA DE CRISTO MISIONERA EL TABERNACULO, INC.

04-10-2001 90091 017 ****61.25

Principal Place of Business

Mailing Address

**2609 LEZ LANE
 KISSIMMEE FL 34744**

**2609 LEZ 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
 Fees Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIOS, VICTOR
 2609 LEZ 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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, VICTORS	NAME	
STREET ADDRESS	2609 LEZ LANE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, RUBEN	NAME	
STREET ADDRESS	407 SEA WILLOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34747	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIEZER, RIOS	NAME	
STREET ADDRESS	2609 1SY LANE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANUEC, RODRIGUEZ	NAME	
STREET ADDRESS	997 BLACK STREET	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRASQUILLO, PURA	NAME	Nancy Perez
STREET ADDRESS	1011 BLACK STREET	STREET ADDRESS	2609 Liz Lane
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	Kissimmee, Fl. 34744
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARGGIE, BAEZ	NAME	Ana Delia Rios
STREET ADDRESS	1011 BLACK STREET	STREET ADDRESS	2609 Liz Lane
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	Kissimmee, Fl. 34744

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

4-5-01 (407) 846-8531

Date

Daytime Phone #

CR2E037 (10/00)