

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90003 027 ****61.25

DOCUMENT # N99000002910

1. Entity Name

IGLESIA DE CRISTO MISIONERA EL TABERNACULO, INC.

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
 Fee Required**

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

TITLE _____ Delete
 NAME **RIOS, VICTORS**
 STREET ADDRESS **2609 LEZ LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE _____ Delete
 NAME **SERRANO, RUBEN**
 STREET ADDRESS **407 SEA WILLOW DRIVE**
 CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE _____ Delete
 NAME **ELIEZER, RIOS**
 STREET ADDRESS **2609 1SY LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE _____ Delete
 NAME ~~**SANJEG, RODRIGUEZ**~~
 STREET ADDRESS ~~**997 BLACK STREET**~~
 CITY-ST-ZIP ~~**KISSIMMEE FL 34741**~~

TITLE _____ Change Addition
 NAME **D. ZAIDA SERRANO**
 STREET ADDRESS **1008 BARK STREET**
 CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE _____ Delete
 NAME **PEREZ, NANCY**
 STREET ADDRESS **2609 LIZ LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE _____ Delete
 NAME **RIOS, ANA DELIA**
 STREET ADDRESS **2609 LIZ LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

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 REQUIRED

2-13-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)