

2000 UNIFORM BUSINESS REPORT (UBR)

5/30

FILED

Jun 22, 2000 8:00 am
Secretary of State

05-30-2000 90084 032 ****70.00

DOCUMENT # N99000003119

1. Entity Name

IGLESIA DE JESUCRISTO EN SEBRING, INC.

Principal Place of Business

Mailing Address

137 E. CENTER
SEBRING FL 33870

137 E. CENTER
SEBRING FL 33870-3502

2. Principal Place of Business

137 E. Center

3. Mailing Address

137 E. Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring FL

City & State
Sebring FL

4. FEI Number

65-0922237

Applied For

Not Applicable

Zip
33870

Country
Highlands

Zip
33870

Country
Highlands

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RIVERA, JOSE A.
4225 NAVARRE AVE.
SEBRING FL 33872-2128

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

Jose A. Rivera - (PASTOR)

4-28-00

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

TITLE ☐ Change ☒ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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:

Jose A. Rivera - (PASTOR)

4-28-00

863-382-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)