

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90130 025 ****61.25

DOCUMENT # N99000004068

1. Entity Name
AVANCE CRISTIANO MINISTRIES, INC.



Principal Place of Business
**910 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33603**

Mailing Address
**612 S. GREENWOOD AVE.
CLEARWATER FL 33756**

90003985



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
612 S Martin Luther

Suite, Apt. #, etc.

Suite, Apt. #, etc.

King Jr Ave

City & State

City & State
Clearwater, Florida

4. FEI Number **59-3580139**

Applied For
Not Applicable

Zip

Country

Zip

Country

33756

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED CORPORATE AGENTS, INC.
612 S. GREENWOOD AVE.
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name
Registered Corporate Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
612 S Martin Luther King Jr Ave

City
Clearwater

FL Zip Code
33756

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

Vickie A. Shaw

Vickie A. Shaw

Jan. 14, 2003

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 NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ALBERTO REV 3412 PLEASANT LAKE DR TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, EVA 3412 PLEASANT LAKE DR TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBON, EVA 17985 SEEFISH DR LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBAN, LUIS 17985 SEEFISH STREET LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMBA, LUCY 1712 CHELSEA STREET TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montiao, Elias 8113 N. Klondike St. Tampa, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE:

Alberto Acosta
ALBERTO ACOSTA

Jan. 14, 03 (813) 237-2167

Date

Daytime Phone #

CR2E037 (10/02)