2000 UNIFORM BUSINESS REPOR (UBR)

3/33/

FILED
Jul 05, 2000 8:00 am
Secretary of State
03-03-2000 90243 035 ****70.00

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1. Entity Name

ASOCIACION DE CAPELLANES HISPANO AMERICANA INTER

Principal Place of Business	Mailing Address
9405 N 11TH ST TAMPA FL 33612	9405 N 11TH ST TAMPA FL 33612-6519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3396222 ☐ Applied For ☐ Not Applicable

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
ALCANCE MISIONERO INTERDENOMINCIONAL, INC. 9405 N 11TH ST TAMPA FL 33612	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P YORRES, MANUEL YAMBO P.O. BOX 192687 SAN JUAN PR 00919-2687	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALTAGRACIA GUTIERREZ 4297 W. HUMPHREY ST. TAMPA, FL. 33614 (DIRECT)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MALAVET, FLOR M RR-7 BOX 7151 SAN JUAN PR 00926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARZUADA RUIZ, MARIA V CALLE 3 CASA H 22 ESTANCIA TIERRA ALTA SAN ISIDRO CANOVANA PR 00729	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURGOS, REYNOALDO BO OBRERO SANTURCE PR 00915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUIS ORTIZ 10409 ZACKARY CIR TAMPA, FL. 33569 (DIRECT)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Isabelo de JESUS 1404 E 29TH AVE. TAMPA, FL. 33605 (DIRECT)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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.

2-19-2000

SIGNATURE: [signature] ALTAGRACIA GUTIERREZ 933-4698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #