

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/5/00-90044-036-\$61.25-\$61.25

**DOCUMENT # N99000006271**

1. Entity Name

**IGLESIA CRISTIANA DE LA FAMILIA, MINISTERIO: ROC**

*R*

**FILED**

**00 SEP 28 PM 4: 12**

**SECRETARY OF STATE  
TAMU 45469 FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3920 S. KINGS AVENUE  
BRANDON FL 33511

3920 S. KINGS AVENUE  
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

*834 Tealwood Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Apt. 104*

City & State

City & State

*Brandon, FL*

4. FEI Number

*59-3631804*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33510 U.S.A.*

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

**ACOSTA, JOSE  
834 TEALWOOD DRIVE  
APARTMENT 104  
BRANDON FL 33510**

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  
After September 13, 2000 min. will be \$236.25**

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  Delete  
*J* Jose Acosta - D  
STREET ADDRESS *834 Tealwood Dr. Apt. 104*  
CITY-ST-ZIP *Brandon FL 33510*

TITLE NAME  Change  Addition  
*V* Rolando Del Rio - D  
STREET ADDRESS *501 Rapid Falls Dr.*  
CITY-ST-ZIP *Brandon FL 33511*

TITLE NAME  Delete  
*T* Geronimo Marquez-Delgado - D  
STREET ADDRESS *216 Morning Side Ln.*  
CITY-ST-ZIP *Valrico, FL 33594*

TITLE NAME  Change  Addition  
*M* Miriam Del Rio - T  
STREET ADDRESS *501 Rapid Falls Dr.*  
CITY-ST-ZIP *Brandon FL 33511*

TITLE NAME  Delete  
*S* Miriam Acosta - T  
STREET ADDRESS *834 Tealwood Dr. Apt. 104*  
CITY-ST-ZIP *Brandon FL 33510*

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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 like empowered.

SIGNATURE:

*SIGNATURE REQUIRED* Jose Acosta

8/31/00

(813)662-1349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KE**

CF2E037 (5/00)