

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90004 046 ****61.25

DOCUMENT # N99000006271

1. Entity Name

IGLESIA CRISTIANA DE LA FAMILIA, MINISTERIO: ROC

Principal Place of Business

Mailing Address

**3920 S. KINGS AVENUE
 BRANDON FL 33511**

**834 TEALWOOD DR.
 APT. 104
 BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3631804

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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**

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	PD	<input type="checkbox"/> Delete
NAME	ACOSTA, JOSE	
STREET ADDRESS	834 TEALWOOD DR. APT. 104	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARQUEZ-DELGADO, GERONIMO	
STREET ADDRESS	216 MORNINGSIDE LP.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ACOSTA, MIRIAM	
STREET ADDRESS	834 TEALWOOD DR. APT. 104	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEL RIO, ROLANDO	
STREET ADDRESS	501 RAPID FALLS DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	M	<input type="checkbox"/> Delete
NAME	DEL RIO, MIRIAM	
STREET ADDRESS	501 RAPID FALLS DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose Acosta* **REQUIRE** **JOSE ACOSTA**

Date: **01/11/01** Davtime Phone #: **(813) 662-1349**

CR2E037 (10/00)