

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004812**

1. Entity Name

IGLESIA BAUTISTA DEJESUCRISTO, INC.**FILED**
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90029 004 ****61.25

Principal Place of Business

**214 N 2ND ST
IMMOKALEE FL 33934
US**

Mailing Address

**P.O. BOX 82
IMMOKALEE FL 33934****C0074147**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0642674

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZURITA, DARIO REV
214 NORTH 2ND STREET
IMMOKALEE FL 33934**

7. Name and Address of New Registered Agent

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 12, 2001, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZURITA, DARIO REV	
STREET ADDRESS	223 N. 4TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 33934	

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLEGBS, ISREAL SR	
STREET ADDRESS	1318 PEAR ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	

TITLE	D	<input type="checkbox"/> Delete
NAME	AVALOS, RITA	
STREET ADDRESS	1507 8TH AVENUE	
CITY-ST-ZIP	IMMOKALEE FL 33934	

TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, BELINDA	
STREET ADDRESS	495 DAVIS STREET	
CITY-ST-ZIP	LABELLE FL 33935	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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:

Belinda Herrera**7/19/01 863-675-2496**

CR2E037 (5/01)