

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47344

1. Entity Name

IGLESIA BAUTISTA DE CARROLLWOOD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -1 PM 4:01

Principal Place of Business

2905 SMITTER ROAD
TAMPA FL 33618
US

Mailing Address

2905 SMITTER RD
TAMPA FL 33618
US

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 59-3113123

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

BOYER, GREGORY F.
2522 LAKE ELLEN LN
TAMPA FL 33618

Name NIEVES LUIS

Street Address (P.O. Box Number is Not Acceptable)

5221 GARDEN STREET DR

City TAMPA

FL

Zip Code 33625

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 LUIS NIEVES

Signature, typed or printed name of registered agent and title if applicable.

Luis Nieves

(NOTE: Registered Agent signature required when reinstating)

APRIL 1, 2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	QUEZADA, VICTOR A	
STREET ADDRESS	15709 PENNINGTON RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANCHEZ, JOSE A.	
STREET ADDRESS	15141 NIGHTHAWK DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARBOSA, YOLANDA	
STREET ADDRESS	4501 RANCHWOOD LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, GUILLERMO	
STREET ADDRESS	18516 SILVERHILL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE A	
STREET ADDRESS	13805 FAIRHINDEN DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, GUILLERMO	
STREET ADDRESS	4727 WINDFLOWER CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANEZ, RUBEN	
STREET ADDRESS	5102 BELMERE PARKWAY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC PEREZ	
STREET ADDRESS	13705 STAGHORN RD	
CITY-ST-ZIP	TAMPA, FL 33626	
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: *Guillermo Jordan* GUILLERMO JORDAN April 1, 2002 813 962-6808