

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 90453 008 ****61.25

DOCUMENT # N00000007509	
1. Entity Name ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.	

Principal Place of Business 5395 LB MCLEOD RD ORLANDO, FL 32811	Mailing Address PO BOX 616777 ORLANDO, FL 32861-6777
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66422580



2. Principal Place of Business		3. Mailing Address 3532 Merivale Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CASSELBERRY, FL	
Zip	Country	Zip	Country
32707		32707	FL

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3685953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent TREVISANI, LIVIA 3532 MERIVALE DR CASSELBERRY, FL 32707	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEVES, ELIZETE PO BOX 616777 ORLANDO, FL 328616777 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVEIRA, JEAN PO BOX 616777 ORLANDO, FL 328616777 1st Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREIRE, ANAIS 7810 KINGSPONTE PKWY, STE. 113 ORLANDO, FL 32819 Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVISANI, LIVIA PO BOX 616777 ORLANDO, FL 328616777 1st Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVEIRA, FRAN 7810 KINGSPONTE PKWY, STE. 113 ORLANDO, FL 32819 X Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres PATRICIA DANTOS 401 S. Rosalind ORLANDO, FL Vice-President

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Enio Carvalho 7810 KingSPONTE Parkway ORLANDO, FL 32819 President of the Council
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gisele FINATTI PO BOX 616777 ORLANDO, FL 328616777 2nd Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:

Livia Trevisani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIVIA TREVISANI, Treasurer - 407-421-0410
Date **5/12/04** Daytime Phone #