


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001232**  
 1. Entity Name  
**UNITED IN THE FAITH CHRISTIAN CENTER OF ORLANDO, FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**808 4TH STREET**      **PO BOX 539299**  
**ORLANDO, FL 32859**      **ORLANDO, FL 32859-3299**



04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3732654**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PAGAN, EVA**  
**7523 SANDLAKE POINT LOOP #101**  
**ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAGAN, EVA 7523 SANDLAKE POINT LOOP #101 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARRIOS, ERNESTO 2672 TALL MAPLE LOOP OCOOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONTALVO, LUCY 2672 TALL MAPLE LOOP OCOOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGAN, AIDA 7589 SANDLAKE POINT LOOP 103 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

00000358870  
 05/04/05-80129-020 75.00

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: *Eva Pagan*      4-29-05      Date      Daytime Phone #