

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90327 018 \*\*\*\*70.00

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**DOCUMENT # N01000001533**

1. Entity Name  
**CENTRO CRISTIANO CASA DE ORACION ADORACION INC.**



Principal Place of Business  
**1920 E. CENTRAL FLORIDA PKWY  
ORLANDO FL 32837**

Mailing Address  
**171 FLORAL DRIVE  
KISSIMMEE FL 34743**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3697380**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORTES, MILDRED  
171 FLORAL DR  
KISSIMMEE FL 34743**

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 \_\_\_\_\_ (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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CORTES, MILDRED REV</b><br><b>171 FLORAL DR</b><br><b>KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>CORTES, HECTOR N REV</b><br><b>171 FLORAL DR</b><br><b>KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>FD</b><br><b>FRANCKY, LIDA</b><br><b>482 ROYAL PALM</b><br><b>KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DUCC</b><br><b>ROSA, JOSE</b><br><b>8722 TIERRA VISTA CR</b><br><b>KISSIMMEE FL 34747</b> <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DD</b><br><b>FRANKY, EDUARDO A</b><br><b>482 ROYAL PALM</b><br><b>KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>RIVERA, PATRICIA</b><br><b>1901 REEF CLUB DR UNIT 15-1808</b><br><b>KISSIMMEE FL</b> <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Hector M. Cortes Sr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>11878 Albin Dr.</b><br><b>Orlando FL 32837</b> |

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:  **SIGNATURE REQUIRED**

Date: **4-29-03** Daytime Phone #: **(407) 962-6248**

CR2E037 (10/02)