

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90077 025 ****70.00

DOCUMENT # N31913

1. Entity Name

EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORI

Principal Place of Business

6971 RED BUG LAKE RD.
 OVIEDO FL 32765

Mailing Address

6771 RED BUG LAKE RD
 OVIEDO FL 32765
 US

2. Principal Place of Business

3. Mailing Address

6971 Red Bug Lake RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Oviedo, FL

4. FEI Number

59-2235279

Applied For

Not Applicable

Zip

Country

Zip

32765

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORRES, EDGAR
 5458 COUNTY FAIR CT
 OVIEDO FL 33765

7. Name and Address of New Registered Agent

Name: Robert frye
 Street Address (P.O. Box Number is Not Acceptable): 1321 Ballentyne PL
 City: APOKA FL Zip Code: 32703

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

Robert Frye

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

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, EDGAR	
STREET ADDRESS	1128 SHOSHANNA DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, EDGAR	
STREET ADDRESS	5458 COUNTRY FAIR CT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	MANANA, WANDA	
STREET ADDRESS	2110 COCHISE TR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PLACIDO	
STREET ADDRESS	053 SUGARBERRY TR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAESTRE, ROBIN	
STREET ADDRESS	1065 DES DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JORDAN, JOHN	
STREET ADDRESS	1281 LANCELOT WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert frye	
STREET ADDRESS	1321 Vallentine PL	
CITY-ST-ZIP	APOKA, FL 32703	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR RIOS	
STREET ADDRESS	9306 Echo Row	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maestre Ruben	
STREET ADDRESS		
CITY-ST-ZIP		
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:

Robert Frye
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 407-359-0082
 Date Daytime Phone #

CR2E037 (10/00)