

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90097 036 ****70.00

DOCUMENT # N31913

1. Entity Name

EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

6971 RED BUG LAKE RD.
 OVIEDO, FL 32765

6771 RED BUG LAKE RD
 OVIEDO FL 32765
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2235279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRYE, ROBERT
1321 BALLENTYNE PL
APOPKA FL 32703

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/17/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RAMOS, EDGAR	1128 SHOSHANNA DR	ORLANDO FL 32825	<input type="checkbox"/>
P	FRYE, ROBERT	1321 VALLENTINE PL	APOPKA FL 32703	<input type="checkbox"/>
S	RIOS, VICTOR	9306 ECHO RUN	ORLANDO FL 32817	<input type="checkbox"/>
SD	RODRIGUEZ, PLACIDO	053 SUGARBERRY TR	OVIEDO FL 32765	<input type="checkbox"/>
SD	MAESTRE, ROBIN	1065 DES DR	OVIEDO FL 32765	<input checked="" type="checkbox"/>
SD	JORDAN, JOHN	1281 LANCELOT WAY	CASSELBERRY FL 32707	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	RAUL Aldarondo	4232 Sandhurst Dr.	Orl. FL 32817	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 name empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 401-678-0915

Date Daytime Phone #

CR2E037 (9/01)