

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90072 001 ****70.00

DOCUMENT # N38470
 1. Entity Name
INTERNATIONAL CHRISTIAN CHURCH OF ORLANDO, INC.

Principal Place of Business Mailing Address
 126 E. COLONIAL DR.
 ORLANDO FL 32801 126 E. COLONIAL DR.
 ORLANDO FL 32801-1204

2. Principal Place of Business 3. Mailing Address
1516 E. Colonial Dr. **1516 E Colonial Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL. **Orlando FL.**
 Zip Country Zip Country
32803-4733 **U.S.A.** **32803-4733** **U.S.A.**

4. FEI Number Applied For
59-3135783 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AGOSTO, MELISSA
126 E. COLONIAL DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name **George Hodges, EA**
 Street Address (P.O. Box Number is Not Acceptable)
250 S. CR 427, Suite 116
 City **Longwood** **FL** Zip Code **32750**

B. 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 *George Hodges* **George Hodges, EA** **4/6/00**
Signature, typed or printed name of registered agent and title if applicable (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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTIGLIATTI, ANTONIO B	
STREET ADDRESS	6131 SAINT IVES BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VDT	<input checked="" type="checkbox"/> Delete
NAME	AGOSTO, ERIC JAMES	
STREET ADDRESS	4360 S. KIRKMAN ROAD-APT.411	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AGOSTO, MELISSA	
STREET ADDRESS	4360 S. KIRKMAN RD- APT 411	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTIGLIATTI, FERNANDA G	
STREET ADDRESS	6131 SAINT IVES BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, ANTONIO C.B.	
STREET ADDRESS	2302 BENT BOW DRIVE	
CITY-ST-ZIP	GARLAND TX 75044	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O.B. DE OLIVEIRA, ANTONIO CARLOS	
STREET ADDRESS	2302 BENT BOW DR.	
CITY-ST-ZIP	GARLAND TX 75044-6016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]* **SIGNATURE REQUIRED** **407-246-0038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)