

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90065 020 ****70.00

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

Principal Place of Business Mailing Address

00049331

2. Principal Place of Business
1516 E. COLONIAL DR.
 Suite, Apt. #, etc.
STE 105
 City & State
ORLANDO, FLORIDA

3. Mailing Address
6131 SAINT IVES BLVD.
 Suite, Apt. #, etc.
 City & State
ORLANDO, FLORIDA

DO NOT WRITE IN THIS SPACE

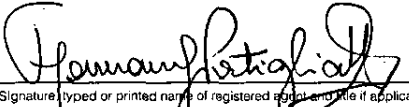
4. FEI Number
59-3135783

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
 Name
FERNANDA G. PORTIGLIATTI
 Street Address (P.O. Box Number is Not Acceptable)
6131 SAINT IVES BLVD.
 City
ORLANDO **FL** Zip Code
32819

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  **FERNANDA G. PORTIGLIATTI, SECRETARY** **4/13/2001**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Added to Fees **Make Check Payable to: Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PORTIGLIATTI, ANTONIO B. 6131 SAINT IVES BLVD. ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DE OLIVEIRA, ANTONIO CARLOS C.B. 2302 BENT BOW DR. GARLAND, TX 75044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT SHINDOLL, FLORALEE ANN 4601 JUDY CT. ORLANDO, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, TREASURER PORTIGLIATTI, FERNANDA G. 6131 SAINT IVES BLVD. ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ADKINS, DERK LEE 33 S. HUDSON ST. ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ANTONIO B. PORTIGLIATTI** **4/13/2001** **407-896-0101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/00)