

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90185 032 ****61.25

DOCUMENT # N38470

1. Entity Name

INTERNATIONAL CHRISTIAN CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1516 E COLONIAL DRIVE
 ORLANDO FL 32803-4733

6131 SAINT IVES BLVD
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135783

Applied For

Not Applicable

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

PORTIGLIATTI, FERNANDA G
6131 SAINT IVES BLVD
ORLANDO FL 32819

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)

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	P	<input type="checkbox"/> Delete
NAME	PORTIGLIATTI, ANTONIO B	
STREET ADDRESS	6131 SAINT IVES BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE OLIVERA, ANTONIO CARLOS CB	
STREET ADDRESS	2302 BEN BOW DRIVE	
CITY-ST-ZIP	GARLAND TX 75044	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHINDOLL, FLORALEE ANN	
STREET ADDRESS	4801 JUDY CT	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	ST	<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	ADKINS, DERK LEE	
STREET ADDRESS	33 S HUDSON ST	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce W. H. Ulrich	
STREET ADDRESS	2142 BONANZA AVE.	
CITY-ST-ZIP	WINTER PARK, FL. 32792	
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		<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: _____

FERNANDA G. PORTIGLIATTI

4/17/02 407-8960101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)