

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0015086

DOCUMENT # **N38470**

1. Entity Name

INTERNATIONAL CHRISTIAN CHURCH OF ORLANDO, INC.
Global Reach Christian Ministry, Inc.



FILED

03 MAY -8 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1516 E COLONIAL DRIVE # 105 ORLANDO FL 32803-4733**
Mailing Address: **6131 SAINT IVES BLVD ORLANDO FL 32819**

2. Principal Place of Business: Suite, Apt. #, etc. **# 105**

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3135783** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PORTIGLIATTI, FERNANDA G
6131 SAINT IVES BLVD
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Fernanda Portigliatti* DATE: **04/29/2003**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida 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	VP	<input type="checkbox"/> Delete
NAME	SHINDOLL, FLOREE ANN	
STREET ADDRESS	4601 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	D	<input type="checkbox"/> Delete
NAME	URICH, BRUCE W.H.	
STREET ADDRESS	2142 BONANZA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Portigliatti, Anthony B	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400019575504	
CITY-ST-ZIP	05/20/03--01045--026 **70.00	
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: *Antonio B. Portigliatti* DATE: **04/29/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)