

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90132 014 ****61.25

DOCUMENT # N96000000534

1. Entity Name

IGLESIA BAUTISTA CENTRAL DE ORLANDO, INC.

Principal Place of Business

Mailing Address

2160 HIAWASSEE RD
 ORLANDO FL 32818
 US

2160 HIAWASSEE RD
 ORLANDO FL 32818-5223
 US

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

59-3363633

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

DAVILA, LOUIS
911 N MAIN ST
KISSIMMEE FL 34744

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 Delete
 NAME **D SANTIAGO, BENIGNO**
 STREET ADDRESS **5660 CHUKER DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD APONTE, ALEJA**
 STREET ADDRESS **3102 SHADY WILLOW DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DAVILA, LOUIS**
 STREET ADDRESS **911 N MAIN ST**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D APONTE, ALEJA**
 STREET ADDRESS **3102 SHADY WILLOW DR**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS **5660 CHUKER DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000 -407-933-0307

Date

Daytime Phone #

CR2E037 (9/99)