

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003893

1. Entity Name

EL SHADDAI CHRISTIAN CHURCH INC

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90039 031 ****61.25

Principal Place of Business

Mailing Address

**9421 S ORANGE BLOSSOM TRAIL
 SUITE 14
 ORLANDO FL 32837**

**9421 S ORANGE BLOSSOM TRAIL
 SUITE 14
 ORLANDO FL 32837**

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

59-3455931

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACEVEDO, NICK
 487 CHICAGO WOODS CIRCLE
 ORLANDO FL 32824**

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 **PD**
ACEVEDO, NICK
 STREET ADDRESS **487 CHICAGO WOODS CIR**
 CITY-ST-ZIP **ORLANDO FL 32824**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
VARGAS, DAVID
 STREET ADDRESS **1739 BROOK HOLLOW DR**
 CITY-ST-ZIP **ORLANDO FL 32824**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
ACEVEDO, YORDANIA
 STREET ADDRESS **487 CHICAGO WOODS CIR**
 CITY-ST-ZIP **ORLANDO FL 32824**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
CALDERON, EDDA
 STREET ADDRESS **415 CHICAGO WOODS CIR**
 CITY-ST-ZIP **ORLANDO FL 32824**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
GONZALEZ, JOSE
 STREET ADDRESS **223 N FINLEY AVE**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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 or without the empowerment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/03/00

407-959-2358

CR2E037 (9/99)