

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90493 020 \*\*\*\*61.25

**DOCUMENT # N97000003893**

1. Entity Name

**EL SHADDAI CHRISTIAN CHURCH INC**

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**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3455931**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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	PD	<input type="checkbox"/> Delete
NAME	ACEVEDO, NICK	
STREET ADDRESS	487 CHICAGO WOODS CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VARGAS, DAVID	
STREET ADDRESS	1739 BROOK HOLLOW DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ACEVEDO, YORDANIA	
STREET ADDRESS	487 CHICAGO WOODS CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDERON, EDDA	
STREET ADDRESS	415 CHICAGO WOODS CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE	
STREET ADDRESS	223 N FINLEY AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:** *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)