2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **N99000000380** 1. Entity Name OSCEOLA BIBLE CHURCH, INC 04-06-2000 90041 017 ****70.00 Principal Place of Business Mailing Address 2123 N. SMITH 3232 WINDMILL PT. BLVD. KISSIMMEE FL 34744 KISSIMMEE FL 34746-3532 UUUIUI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3556036 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FERRER, JESUS B 2123 N. SMITH KISSIMMEE FL 34744 Zip Code City FL 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 nar d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIAO, SUSAN G 1213 N. MAIN STREET KISSIMMEE FL 34744	Z Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lerma To 412 Tess		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILGUERA, ELIZABETH T 4165 SPITFIRE AVE. KISSIMMEE FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13356 M	uditor d Caibigan allard Cove FL 32837	□ Change	Addition
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12. I hereby certify that the information supplied with this filling 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:

SIGNATIFIC PERSUIFICEUS
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ferrer

3/22/00

407-932-2380

Date

Daytime Phone #