

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004939

1. Entity Name

INDONESIAN FULL GOSPEL FELLOWSHIP FLORIDA, INCOR

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90006 011 ****61.25

Principal Place of Business

% REV. FREDY LIWANG
 350 KAILA COURT
 OCOEE FL 34761-2826

Mailing Address

% REV. FREDY LIWANG
 350 KAILA COURT
 OCOEE FL 34761-2826

2. Principal Place of Business

350 KAILA COURT

3. Mailing Address

350 KAILA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOEE, FL

City & State

OCOEE, FL

4. FEI Number

59-3615129

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

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

6. Name and Address of Current Registered Agent

LIWANG, FREDY REV.
 350 KAILA COURT
 OCOEE FL 34761-2826

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.

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

After September 13, 2000 min. will be \$236.25

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

TITLE CHAIR PERSON ☐ Delete
 NAME FREDY LIWANG
 STREET ADDRESS 350 KAILA COURT
 CITY-ST-ZIP OCOEE, FL 34761

TITLE VICE CHAIR PERSON ☐ Delete
 NAME WIE L. TJONG
 STREET ADDRESS 1615 LADY BOWERS TRAIL
 CITY-ST-ZIP LAKE LAND, FL 33809

TITLE SECRETARY ☐ Delete
 NAME ENG HAUW LIE
 STREET ADDRESS 360 KAILA CT.
 CITY-ST-ZIP OCOEE, FL 34761

TITLE TREASURER ☒ Delete
 NAME AMELIA ABIPROJO
 STREET ADDRESS 7570-1 GREENBORO
 CITY-ST-ZIP MELBOURNE, FL 32904

TITLE MEMBER AT-LARGE ☒ Delete
 NAME ANDY HIDAYAT
 STREET ADDRESS 1943 FARRINGTON DR.
 CITY-ST-ZIP LAKE LAND, FL 33809

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition
 NAME EDDY W. DJAJA
 STREET ADDRESS 8900 LEGACY CT. #203
 CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep. 8, 2000

Date

(407) 292-6976

Daytime Phone #

CP2E037 (5/00)