

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90017 047 \*\*\*\*70.00

**DOCUMENT # N99000005062**

1. Entity Name

**UNITED WOMEN FOR CHRIST MINISTRIES, INC.**

Principal Place of Business

Mailing Address

9124 SUMMIT CENTRE WAY. #9307  
 ORLANDO FL 32810

9124 SUMMIT CENTRE WAY. #9307  
 ORLANDO FL 32795-3921

2. Principal Place of Business

**581 Sabal Lake Dr**  
 Suite, Apt. #, etc.  
**# 203**

3. Mailing Address

**P.O. Box 953921**  
 Suite, Apt. #, etc.

City & State

**Longwood FL**

City & State

**Lake Mary, FL**

4. FEI Number

**59-3595693**

Applied For

Not Applicable

Zip

**32779**

Country

**USA**

Zip

**32795-3921**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VILA, MARIE**  
**9124 SUMMIT CENTRE WAY, #9307**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**581 SABAL LAKE DR**  
**# 203**

City

**Longwood**

FL

Zip Code

**32779**

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

*Marie Vila*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-29-00**

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILA, MARIE	
STREET ADDRESS	3368 GRAY FOX COVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROE, JULIE	
STREET ADDRESS	152 STEEPLECHASE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORAN, SANDY	
STREET ADDRESS	928 CAITLIN POINT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, MARY	
STREET ADDRESS	453 COUNTRYWOOD CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOZA-EVANS, NILDA	
STREET ADDRESS	210 CANTER CLUB TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLESTER, FANNIE	
STREET ADDRESS	210 CANTER CLUB TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	581 Sabal Lake Dr #203	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

*Sandy Moran* REO SANDY MORAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-29-00 407-302-3333**

CR2E037 (9/99)