2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State
04-26-2004 90453 008 ****61.25

DOCUMENT # N00000007509

1. Entity Name
ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.

66422580

Principal Place of Business	Mailing Address
5395 LB MCLEOD RD ORLANDO, FL 32811	PO BOX 616777 ORLANDO, FL 32861-6777

04192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3532 Merivale DR. Suite, Apt. #, etc.
City & State	City & State: CASSELBERRY, FL
Zip / Country	Zip: 32707 Country: Seminole

4. FEI Number: 59-3685953 ☐ Applied For ☐ Not Applicable

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
TREVISANI, LIVIA 3532 MERIVALE DR CASSELBERRY, FL 32707	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEVES, ELIZETE PO BOX 616777 ORLANDO, FL 328616777 President	☐ Delete	Envio Carvalho 7810 KingsPOINTE ParkWAY ORLANDO, FL 32819 President of the Council	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OLWEIRA, JEAN PO BOX 616777 ORLANDO, FL 328616777 1st Secretary	OLIVEIRA ☐ Delete	Secr. Gisele FINATTI PO BOX 616777 2nd Secretary ORLANDO, FL 32861-6777	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREIRE, ANAIS 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO, FL 32819 Director	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREVISANI, LIVIA PO BOX 616777 ORLANDO, FL 328616777 1ST TREASURER	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVEIRA, FRAN 7810 KINGSPOINTE PKWY, STE. 113 ORLANDO, FL 32819	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES PATRICIA DANTOS 401 S. Rosalind ORLANDO, FL Vice-President	☐ Delete		☐ Change ☐ Addition

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: Livia Trevisani : LIVIA TREVISANI, Treasurer 407-421-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/12/04 Daytime Phone #