

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001232

**FILED**  
**Apr 29, 2018**  
**Secretary of State**  
**CC1819569572**

**Entity Name:** UNITED IN THE FAITH CHRISTIAN CENTER OF ORLANDO, FLORIDA, INC.

**Current Principal Place of Business:**

7215 MONETARY DRIVE  
ORLANDO, FL 32809

**Current Mailing Address:**

7215 MONETARY DRIVE  
ORLANDO, FL 32809

**FEI Number: 59-3732654**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PAGAN, EVA  
7215 MONETARY DRIVE  
ORLANDO, FL 32809 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name PAGAN, EVA  
Address 1915 GRAND ISLE CIRCLE  
611B  
City-State-Zip: ORLANDO FL 32810

Title DV  
Name BARRIOS, ERNESTO  
Address 2672 TALL MAPLE LOOP  
City-State-Zip: OCOEE FL 34761

Title DVT  
Name MONTALVO, LUCY  
Address 2672 TALL MAPLE LOOP  
City-State-Zip: OCOEE FL 34761

Title DT  
Name LEONIDES, TRINIDAD  
Address 7900 SOUTH ORANGE BLOSSOM TR.  
City-State-Zip: ORLANDO FL 32809

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EVA PAGAN**

**PASTOR**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date