

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741581

1. Entity Name

PENIEL CHRISTIAN CHURCH, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90007 030 ****61.25

Principal Place of Business

Mailing Address

5301 GODDARD AVE.
 ORLANDO FL 32810-5437
 US

P.O. BOX 608427
 ORLANDO FL 32860-8427
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1829959

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, RAFAEL
1000 MELLER WAY
ORLANDO FL 32825

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMOS, RAFAEL	
STREET ADDRESS	1000 MELLER WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERA, MICHELLE	
STREET ADDRESS	P.O. BOX 150581	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32715	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELIU	
STREET ADDRESS	1100 SUNCREST DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEGARRA, ENRIQUE L	
STREET ADDRESS	218 ATHERSTONE CT	
CITY-ST-ZIP	LONGWOOD FL 32701	
TITLE	T	<input type="checkbox"/> Delete
NAME	ACEVEDO, CEFERINO JR	
STREET ADDRESS	195 JALAPA DR	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 another like empowered.

SIGNATURE: Enrique L. Segarra, Treasurer 5-1-00 293-5867
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)