

5/15

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-15-2001 90150 045 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741581

1. Entity Name

PENIEL CHRISTIAN CHURCH, INC.

Principal Place of Business

5301 GODDARD AVE.
ORLANDO FL 32810-5437
US

Mailing Address

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

2. Principal Place of Business

5301 GODDARD AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 608427

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32810

Zip

32810

ORANGE

City & State

ORLANDO, FL 32860-8427

Zip

32860-8427

ORANGE

4. FEI Number

59-1829959

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, RAFAEL
1000 MELLER WAY
ORLANDO FL 32825

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 restraining)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, RAFAEL 1000 MELLER WAY ORLANDO, FL 32825	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIBEL RIVERA 147 BEXLEY BLVD, OCOCEE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEGARRA, ENRIQUE L 218 ATHERSTONE CT LONGWOOD, FL 32701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOIRE, ANTHONY 7705 BAYBERRY CT. ORLANDO, FL 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVELYN, MALDONADO 1695 LEE RD APT. #D101 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)