

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769255

1. Entity Name

EBENEZER TEMPLE ASSEMBLY OF GOD, INC.

①

Principal Place of Business

1214 COMMERCE BLVD.
P.O. BOX 67476
ORLANDO FL 32867-7476

Mailing Address

1214 COMMERCE BLVD.
P.O. BOX 67476 NA
ORLANDO FL 32867-7476
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2940861

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

VIVALDI, REV. PETER

1825 FORSYTH RD. 8656 HILL PINE RD.
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
After September 12, 2001, min. will be \$236.25

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
NAME VIVALDI, PETER
STREET ADDRESS 1825 FORSYTH RD. 8656 HILLS AVE RD.
CITY-ST-ZIP ORLANDO FL 32825

TITLE PD
NAME VIVALDI PETER A.
STREET ADDRESS 8656 HILL PINE RD.
CITY-ST-ZIP

TITLE TD
NAME ANTONIO, ROMAN
STREET ADDRESS 2609 ECONLOCKHATCHEE TR.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GONZALEZ, JORGE A
STREET ADDRESS 1410 MOSELLE AVE
CITY-ST-ZIP ORLANDO FL 32807

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

7/28/01 407-225-6335

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90104 001 ****61.25

08-01-2001 90104 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)