

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90066 010 ****61.25

DOCUMENT # 769255

1. Entity Name

EBENEZER TEMPLE ASSEMBLY OF GOD, INC.



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**

30063000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2940861**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
8656 HILL PINE ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

REV. PETER A. VIVALDI

2/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VIVALDI, PETER A**
STREET ADDRESS **8656 HILL PINE ROAD**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☒ Addition
NAME **TO NELSON E. ALVAREZ**
STREET ADDRESS **315 Park Tree Terrace #1612**
CITY-ST-ZIP **Orlando, FL 32825**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Peter A. Vivaldi

2/10/03 407-249-1570

CR2E037 (10/02)