

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90035 003 ****61.25

DOCUMENT # F01000006250

1. Entity Name

CHURCH OF PERFECT LIBERTY, INC.

Principal Place of Business

**7216 LAKE MARSHA DR.
 ORLANDO FL 32819**

Mailing Address

**7216 LAKE MARSHA DR.
 ORLANDO FL 32819**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

95-6196490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TORO, RUBEN D
 7345 SAND LAKE RD., SUITE 204
 ORLANDO FL 32819**

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 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

TITLE **CP** ☐ Delete
 NAME **YANO, REV. TATSUMI**
 STREET ADDRESS **37-56 76TH ST.**
 CITY-ST-ZIP **JACKSON HTS. NY 11372**

TITLE **VCS** ☐ Delete
 NAME **HAYASHI, REV. EUGENE**
 STREET ADDRESS **37-56 76TH ST.**
 CITY-ST-ZIP **JACKSON HTS. NY 11372**

TITLE **D** ☐ Delete
 NAME **OHFUJI, M.R. SHINJI**
 STREET ADDRESS **3952 TOWNSHIP SQ. BLVD., #1212**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
 NAME **OLIVEIRA, MISS CRISTINE**
 STREET ADDRESS **3648 CINNAMON FARM LOOP**
 CITY-ST-ZIP **CLARMONT FL 34791**

TITLE **T** ☐ Delete
 NAME **HAYASHI, REV. HARUO**
 STREET ADDRESS **700 S. ADAMS ST.**
 CITY-ST-ZIP **GLANDALE CA 91205**

TITLE **D** ☐ Delete
 NAME **~~OLIVEIRA~~**
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7216 LAKE MARSHA DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **MRS. MATSUO, OLWDA O.**
 STREET ADDRESS **7216 LAKE MARSHA DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

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 REQUIRE TATSUMI YANO

3-11-2001 407-248-0564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

CP2E037 (9/01)