

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-08-2001 90428 036 *****61.25

DOCUMENT # N000000000034

1. Entity Name

CENTRO DE VISION Y MISION CRISTIANA OF THE CHRIS

Principal Place of Business

4815 E. LAKE DR.
WINTER SPRINGS FL 32708

Mailing Address

4815 E. LAKE DR.
WINTER SPRINGS FL 32708

28400



DO NOT WRITE IN THIS SPACE

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

59-366-9979

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROMAN, EDWIN
1918 SUE ANN ST.
ORLANDO FL 32817

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 **D** ☐ Delete
NAME **Pastor**
STREET ADDRESS **Edwin Roman** **32817**
CITY-ST-ZIP **1918 Sue Ann St. Orlando, FL.**

TITLE **T** ☐ Delete
NAME **Orlando Rivera**
STREET ADDRESS **7641 Autumn Pines Dr. (Treasurer)**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE **T** ☐ Delete
NAME **Nina Storti (Secretary)**
STREET ADDRESS **428 Woodcrest St.**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **T** ☐ Delete
NAME **(Trustee)**
STREET ADDRESS **Maribel Arcelay**
CITY-ST-ZIP **566 Cascade Cir, # 110**
Casselberry, FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
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)(l), 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/01

Date

Daytime Phone #

CR2E037 (10/00)