

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000034

FILED
Apr 29, 2003
Secretary of State

Entity Name: CENTRO DE VISION Y MISION CRISTIANA OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

4815 E. LAKE DR.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

4815 E. LAKE DR.
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3669979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAN, EDWIN
1918 SUE ANN ST.
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROMAN, EDWIN
Address: 1918 SUE ANN ST
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: VEGA, ABEL
Address: 1901 TROPIC BAY CT
City-St-Zip: ORLANDO, FL 32807

Title: ST () Delete
Name: ORTIZ, MERCEDES
Address: 1512 COUGAR CT
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: ARCELAY, MARIBEL
Address: 566 CASCADE CIR #110
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ORTIZ, MERCEDES
Address: 1512 COUGAR CT
City-St-Zip: CASSELBERRY, FL 32707

Title: ST (X) Change () Addition
Name: ARCELAY, MARIBEL
Address: 566 CASCADE CIR #110
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL VEGA

T

04/29/2003

Electronic Signature of Signing Officer or Director

Date