

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000972

1. Entity Name

RESCUE MISSIONARY CHURCH OF KISSIMMEE, CORP.

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90087 021 \*\*\*\*70.00

Principal Place of Business

Mailing Address

609 W. VINE STREET  
SUITE A  
KISSIMMEE FL 34741

609 W. VINE STREET  
SUITE A  
KISSIMMEE FL 34741

2. Principal Place of Business

152 Oakwood Drive

3. Mailing Address

3679 Late Morning Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3612124

Applied For

Not Applicable

Zip

34743

Country

Oceola

Zip

34744

Country

Oceola

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

DE SOUZA MACHADO, CLAUDIR  
609 W. VINE STREET  
SUITE A  
KISSIMMEE FL 34741

Name

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

3679 Late Morning Cr.

City

Kissimmee

FL

Zip Code  
34744

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
DE SOUZA MACHADO, CLAUDIR  
3020 BLUE HERON DRIVE, #E  
KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3679 Late Morning Cir.  
Kissimmee, FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DE FARIA, REGINALDO J  
3220 IBIS COURT # D  
KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3679 Late Morning Cir.  
Kissimmee, FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MACHADO, NILCE M  
3020 BLUE HERON DRIVE #E  
KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3679 Late Morning Cir.  
Kissimmee, FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Claudio Machado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/02  
Date

Daytime Phone #

CR2E037 (9/01)