

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-05-2003 90042 002 *****70.00

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1. Entity Name

RESCUE MISSIONARY CHURCH OF KISSIMMEE, CORP.



Principal Place of Business

**152 OAKWOOD DRIVE
KISSIMMEE FL 34743**

Mailing Address

**3679 LATE MORNING CR
KISSIMMEE FL 34744**

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 **59-3612124**

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

**DE SOUZA MACHADO, CLAUDIR
3679 LATE MORNING CR
KISSIMMEE FL 34744**

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

Signature, typed or printed name of registered agent and fee 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

TITLE **PTD** ☐ Delete
NAME **DE SOUZA MACHADO, CLAUDIR**
STREET ADDRESS **3679 LATE MORNING CT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VD** ☒ Delete
NAME **DE FARIA, REGINALDO J**
STREET ADDRESS **3679 LATE MORNING CIR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **SD** ☐ Delete
NAME **MACHADO, NILCE M**
STREET ADDRESS **3679 LATE MORNING CIR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VD** ☐ Delete
NAME **SARA YUMI**
STREET ADDRESS **3679 LATE MORNING CIRCLE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

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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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 M. Machado **CLAUDIR DE SOUZA MACHADO** 02/25/03 407-3448600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)