

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90036 033 ****70.00

DOCUMENT # N00000001176

1. Entity Name

EGLISE BAPTISTE PENIEL OF ORLANDO, INC.

Principal Place of Business

Mailing Address

4470 W. COLONIAL DR
 ORLANDO FL 32808

4470 W. COLONIAL DR
 ORLANDO FL 32808

*3409 Pipes of The Glen
 Orlando FL*

DUU01068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4470 W colonial DR

3409 Pipes of The Glen

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

59-3706427

Applied For

Not Applicable

Zip

Country

32808

Country

orange

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

FILUS, JACKSON M
3409 PIPES OF THE GLEN WAY
ORLANDO FL 32808

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FILUS, JACKSON	
STREET ADDRESS	3409 PIPES OF THE GLEN W.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILUS, ESTILIEN	
STREET ADDRESS	3409 PIPES OF THE GLEN W.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, RAQUL	
STREET ADDRESS	3409 PIPES OF THE GLEN WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SMD	<input type="checkbox"/> Delete
NAME	JOSPEH, MINOUSE	
STREET ADDRESS	3409 PIPES OF THE GLEN WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIBS, MARIANA	
STREET ADDRESS	3409 PIPES OF THE GLEN WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jackson M Filus*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3-15-02*
 Daytime Phone #

CR2E037 (9/01)