

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90099 045 \*\*\*\*61.25

DOCUMENT # N00000001176

1. Entity Name

EGLISE BAPTISTE PENIEL OF ORLANDO, INC.



Principal Place of Business

Mailing Address

4470 W. COLONIAL DR  
ORLANDO FL 32808

3409 PIPES O THE GLEN WAY  
ORLANDO FL 32808

2. Principal Place of Business

4416 Raleigh St

3. Mailing Address

Same

Suite! Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Zip

32811

Country

Orange

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FILUS, JACKSON	
STREET ADDRESS	3409 PIPES O THE GLEN W.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILUS, ESTILIN	
STREET ADDRESS	3409 PIPES O THE GLEN W.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SMD	<input type="checkbox"/> Delete
NAME	JOSPEH, MINOUSE	
STREET ADDRESS	3409 PIPES O THE GLEN WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIBS, MARIANA	
STREET ADDRESS	3409 PIPES O THE GLEN WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Sheila	
STREET ADDRESS	3409 PIPES O The Glen W.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

SIGNATURE: Jackson M Filus

10 - 445-5933