

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000007509

1. Entity Name
ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF
ORLANDO, INC.



Principal Place of Business
5395 LB MCLEOD RD
ORLANDO, FL 32811

Mailing Address
3532 MERIVALE DR
CASSELBERRY, FL 32707

FILED

04 JUN 29 PM 3:44

SECRETARY OF STATE
06/04/04--01063--002 \$8.75.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06112004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3685953

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

TREVISANI, LIVIA
3532 MERIVALE DR
CASSELBERRY, FL 32707

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

Amended AR 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME NEVES, ELIZETE
STREET ADDRESS PO BOX 616777
CITY-ST-ZIP ORLANDO, FL 328616777

☒ Delete

TITLE 1S
NAME OLIVEIRA, JEAN
STREET ADDRESS PO BOX 616777
CITY-ST-ZIP ORLANDO, FL 328616777

☒ Delete

TITLE D
NAME FREIRE, ANA S
STREET ADDRESS 7810 KINGSPONTE PKWY, STE. 113
CITY-ST-ZIP ORLANDO, FL 32819

☒ Delete

TITLE 1T
NAME TREVISANI, LIVIA
STREET ADDRESS PO BOX 616777
CITY-ST-ZIP ORLANDO, FL 328616777

☐ Delete

TITLE V
NAME DANTOS, PATRICIA
STREET ADDRESS 401 S ROSALINO
CITY-ST-ZIP ORLANDO, FL

☒ Delete

TITLE POC
NAME CARVALHO, ENIO
STREET ADDRESS 7810 KINGSPONTE PARKWAY
CITY-ST-ZIP ORLANDO, FL 32819

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T -
NAME Trevisani, Livia
STREET ADDRESS 3532 Merivale Dr.
CITY-ST-ZIP Casselberry, FL 32707

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Livia Trevisani / LIVIA TREVISANI 6/21/04 407-421-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #