

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90211 038 \*\*\*\*61.25

0074574

**DOCUMENT # N00000007509**

1. Entity Name

**ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.**



Principal Place of Business

**PO BOX 616777  
ORLANDO FL 32861-6777**

Mailing Address

**PO BOX 616777  
ORLANDO FL 32861-6777**

2. Principal Place of Business

**5395 L.B. MCLEOD RD.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

**32811**

Country

Country

4. FEI Number **59-3685953**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CARVALHO, ENIO  
518 LAKESCAPE CT.  
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name **LIVIA TREVISANI**

Street Address (P.O. Box Number is Not Acceptable)  
**3532 MERIVALE DR.**

City **CASSELBERRY**

**FL**

Zip Code  
**32707**

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

*Livia Trevisani* (LIVIA TREVISANI)

**4/25/03**

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 **P** ☐ Delete  
NAME **NEVES, ELIZETE**  
STREET ADDRESS **PO BOX 616777**  
CITY-ST-ZIP **ORLANDO FL 32861-6777**

TITLE **S** ☐ Delete  
NAME **OLWEIRA, JEAN**  
STREET ADDRESS **PO BOX 616777**  
CITY-ST-ZIP **ORLANDO FL 32861-6777**

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

TITLE **D** ☐ Delete  
NAME **TREVISANI, LIVIA**  
STREET ADDRESS **PO BOX 616777**  
CITY-ST-ZIP **ORLANDO FL 32861-6777**

TITLE **D** ☐ Delete  
NAME **OLIVEIRA, FRAN**  
STREET ADDRESS **7810 KINGSPONTE PKWY, STE. 113**  
CITY-ST-ZIP **ORLANDO FL 32819**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Livia Trevisani* (LIVIA TREVISANI) **4/25/03**

**407-421-0416**

CR2E037 (10/02)