

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90006 006 ****61.25

0082103

DOCUMENT # N00000007643

1. Entity Name

LOVE AND TRUTH CHRISTIAN CHURCH INC.

Principal Place of Business

**1781 QUAIL RIDGE LOOP
 KISSIMMEE FL 34758**

Mailing Address

**1781 QUAIL RIDGE LOOP
 KISSIMMEE FL 34758**

661046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 453173

City & State

Kissimmee FL

4. FEI Number

59-3692631

Applied For

Not Applicable

Zip

Country

34745-3173

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAEZ, IVAN
 1781 QUAIL RIDGE LOOP
 KISSIMMEE FL 34758**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **P IVAN BAEZ**
 STREET ADDRESS **1781 Quail Ridge Loop**
 CITY-ST-ZIP **Kissimmee FL 34744**

TITLE ☐ Change ☒ Addition
 NAME **S.T. Jeannette Rodriguez**
 STREET ADDRESS **2421 Marley Ct.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE ☐ Change ☒ Addition
 NAME **D Noel Rodriguez**
 STREET ADDRESS **2421 Marley Ct.**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE ☐ Change ☒ Addition
 NAME **D Maria Oreida Carrion**
 STREET ADDRESS **Oak leaf landing #505-6**
 CITY-ST-ZIP **Kissimmee FL 34741**

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:

SIVAN BAEZ

5/29/01 407-847-2220

CR2E037 (10/00)