

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 046 ****70.00

0073753

DOCUMENT # N01000000168

1. Entity Name

**ASOCIACION MINISTERIAL EVANGELISTICA LA VOZ DEL
FIN, INC.**



Principal Place of Business

9748 HOLLYHILL DR - 8933 Cherrystone LN
ORLANDO FL 32824

Mailing Address

9748 HOLLYHILL DR
ORLANDO FL 32824

Orlando, FL. 32825

2. Principal Place of Business

8933 Cherrystone LN.

3. Mailing Address

8933 Cherrystone L.N.

Suite, Apt. #, etc.

Orlando, FL. 32825

Suite, Apt. #, etc.

Orlando, FL.

City & State

Orlando, FL.

City & State

Orlando, FL.

Zip

32825

Country

Orlando Co.

Zip

32825

Country

Orlando Co.

6. Name and Address of Current Registered Agent

AMADOR, ROSADO P REV.
9748 HOLLYHILL DR
ORLANDO FL 32824

7. Name and Address of New Registered Agent

No Same as Current Registered Agent
Street Address (P.O. Box Number is Not Acceptable)
(New Address)
8933 Cherrystone LN.
City Orlando, FL. FL 32825

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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	DT	<input type="checkbox"/> Delete
NAME	PADILLA, ASMAJOR	
STREET ADDRESS	9748 HOLLYHILL DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE JESUS, CATALINA	
STREET ADDRESS	9748 HOLLYHILL DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENID, MELINDA M	
STREET ADDRESS	9748 HOLLYHILL DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADILLA Amador	
STREET ADDRESS	8933 Cherrystone Lane	
CITY-ST-ZIP	Orlando, FL. 32825	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Jesus Catalina	
STREET ADDRESS	8933 Cherrystone Lane	
CITY-ST-ZIP	Orlando, FL. 32825	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enid Melinda M	
STREET ADDRESS	8933 Cherrystone Lane	
CITY-ST-ZIP	Orlando, FL. 32825	
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		

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 another like empowered.

SIGNATURE:

[Signature] REQUIRED

4/30/03

(407)

207-2870

CR2E037 (10/02)