

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90051 045 ****75.00

DOCUMENT # N01000001232					
1. Entity Name UNITED IN THE FAITH CHRISTIAN CENTER OF ORLANDO, FLORIDA, INC.					
Principal Place of Business 808 4TH STREET ORLANDO, FL 32859			Mailing Address PO BOX 539299 ORLANDO, FL 32859-3299		
2. Principal Place of Business 808 4th St			3. Mailing Address P.O. Box 539299		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando - FL			City & State Orlando - FL		
Zip 32859		Country Orange		Zip 32859-3299	
Country Orange		4. FEI Number 59-3732654			
5. Certificate of Status Desired <input type="checkbox"/>				*\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGAN, EVA 7523 SANDLAKE POINT LOOP #101 ORLANDO, FL 32809			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 <u>Eva Pagan</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-18-04</u>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAGAN, EVA 7523 SANDLAKE POINT LOOP #101 ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARRIOS, ERNESTO 1219 W. POINTVILLAS BLVD. #104 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONTALVO, LUCY 1219 W. POINT VILLAS BLVD. #104 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGAN, AIDA 7589 SANDLAKE POINT LOOP 103 ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, JOSE 13523 TEXAS WOOD CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2672 Tall Maple Loop Ocoee, FL 34761				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2672 Tall Maple Loop Ocoee, FL 34761				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 				
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: <u>Eva Pagan - EVA PAGAN</u> <u>4-18-04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					