

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90192 019 ****70.00

DOCUMENT # NO1000002819

1. Entity Name
CENTRO EVANGELISTICO CRUZANDO FRONTERAS OF ORANGE & OSCEOLA COUNTIES, INC.



Principal Place of Business
**14500 LANDSTAR BOULEVARD
ORLANDO FL 32824**

Mailing Address
**2590 J.R. STREET
ORLANDO FL 32839**

2. Principal Place of Business

3. Mailing Address

2626 MILL RUN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KISSIMMEE, FL

4. FEI Number **59-3684745**

Applied For

Not Applicable

Zip

Country

Zip

Country

34744

U.S.A.

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

**SANTIAGO, CARLOS
2590 J.R. STREET
ORLANDO FL 32839**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SANTIAGO, CARLOS**
STREET ADDRESS **2590 J.R. STREET**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Change ☒ Addition
NAME **CALEB SANTIAGO**
STREET ADDRESS **2626 MILL RUN BLVD.**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **D** ☐ Delete
NAME **LAUREANO, MARIA**
STREET ADDRESS **2003 SHANNON LAKE, CT**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Change ☒ Addition
NAME **ADA MIRANDA**
STREET ADDRESS **1309 LUCAYA CR.**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **D** ☐ Delete
NAME **PEREZ, MATILDE**
STREET ADDRESS **11744 OTTAWA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CRUZ, NELSON**
STREET ADDRESS **2144 OPILANA STREET**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BONILLA, MARIA**
STREET ADDRESS **2015 SHANNON LAKE CT**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REBOLLEDO, AMPARO**
STREET ADDRESS **12449 BEACONTREE WAY**
CITY-ST-ZIP **ORLANDO FL 32837**

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 another like empowered.

SIGNATURE: **SANTIAGO**

4/1/03

407-847-2983

CR2E037 (10/02)