

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 002 ****61.25

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

DOCUMENT # NO 100000 3449 ✓
 1. Entity Name
CENTRO de ADORACION HOSANNA WORSHIP CENTER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1808 ROCKHURST AVE
 Suite, Apt. #, etc.
 3. Mailing Address 1808 ROCKHURST AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL. City & State ORLANDO FL. 4. FEI Number 59-3706989 Applied For Not Applicable
 Zip 32826 Country USA Zip 32826 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name JOSE M. GARCIA
 Street Address (P.O. Box Number is Not Acceptable) 1808 ROCKHURST AVE
 City ORLANDO, FL. FL Zip Code 32826

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 JOSE M. GARCIA President Jose M. Garcia 5-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR 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	<u>President (D)</u>	TITLE	
NAME	<u>JOSE M. GARCIA</u>	NAME	
STREET ADDRESS	<u>1808 ROCKHURST AVE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>ORLANDO, FLORIDA 32826</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>RUTH MARTINEZ</u>	NAME	
STREET ADDRESS	<u>16652 SPRING HAMMOCK WAY</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>ORLANDO, FL. 32825</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>DAVID MARTINEZ</u>	NAME	
STREET ADDRESS	<u>2072 OXERCT.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>ORLANDO, FL. 32765</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.
 SIGNATURE: Jose M. Garcia 5-09-02 407-213-0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)