

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2002 8:00 am**
Secretary of State

04-30-2002 90209 049 ****79.00

DOCUMENT # NO1000004765

1. Entity Name

ANTI-DEPRESSION CHRISTIAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**7605 SW 102ND PL.
MIAMI FL 33173****7605 SW 102ND PL.
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1120191

Applied For

Not Applicable

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

**POLANCO, INGRID
7605 SW 102ND PL.
MIAMI FL 33173**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARIOS, VINICIO F	
STREET ADDRESS	7605 SW 102ND PL.	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Delete
NAME	POLANCO, INGRID	
STREET ADDRESS	7605 SW 102ND PL.	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	MOREJON, GLADYS	
STREET ADDRESS	18912 NW 57TH AVE., APT. 106	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Addition
NAME	ISAMIE POLANCO	
STREET ADDRESS	7605 SW 102 PL MIAMI FL 33173	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Addition
NAME	ISAMIE LARIOS	
STREET ADDRESS	7605 SW 102 PL MIAMI FL 33173	
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: **INGRID POLANCO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02 305 274-7829

CR2E037 (9/01)