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

DOCUMENT # N0100005512

1. Entity Name

US WOMEN HELP COALITION FAITH-BASED, INC.



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90063 011 ****61.25

T Till Cipal Tilac	ce of Business	Mailing Address					
4972 EAGLES ORLANDO FL	SMERE DR., #935 . 32819	4972 EAGLESMERE DR ORLANDO FL 32819	#935		-	- •	
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2. Principal F 4980	Place of Business Waterpide Bint Gi	3. Mailing Address 4980 Wate	vside Point		\$101F	I BILBI BEIBI IE	110 1161 163 1
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		12 c⊦	IECK HERE IF MAKING	CHANGES	
City & State Orlando, FL Orlando, FL Orlando, FL			,	4. FEI Number 59-	59-3736464		pplied For ot Applicable
3282	Country	Zip 37 8=29~ =	Country	5. Certificate of Statu		8.75 Add	fitional
2000	6. Name and Address of Current I	1. As 11 and 3		7. Name and Addre	ss of New Registered Ac	ee Require jent	0 , ===
DE7E00/	A CELIA D		Name	\$			
Bezerra, Celia r 4972 Eaglesmere Dr., #935			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
ORLAND	O FL 32819						
			City		FL	Zip Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regi	istered agent, or both, in the	e State of Florida. I am fai	miliar with,	and accept
SIGNATURE							
5.07.7,11.07.12	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature rec	quired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont						Davabla	
•	FILE NOW: FEE IS \$61.25	•		\$5.00 May Be Added to Fees	Make Check Florida Departn	•	
•	OFFICERS AND DIR	Trust Fund (Added to Fees		nent of S	State
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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.

NAME.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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04/21/03

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