

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90208 028 ****70.00

DOCUMENT # N01000008433

1. Entity Name

EL SHADDAI CHRISTIAN CHURCH OF ORLANDO, INC.



Principal Place of Business

**7325 CONROY WINDERMERE RD.
ORLANDO FL 32835**

Mailing Address

**7325 CONROY WINDERMERE RD.
ORLANDO FL 32835**

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:

59-3758970

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

CRISTINA RIVERA

Street Address (P.O. Box Number is Not Acceptable)

1516 E. COLONIAL DR. 107

City

ORLANDO

FL

Zip Code

32803

I, 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

Rivera

04.26.2003

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	<input type="checkbox"/> Delete
NAME	FERNANDES, JOSE I	
STREET ADDRESS	1505 S. KIRKMAN RD. APT 2105	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IBRAHIM, OLICELEILA P	
STREET ADDRESS	6000 RALEIGH RD. APT. 2403	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDES, GUILHERME P	
STREET ADDRESS	1505 S. KIRKMAN RD. APT. 2105	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDES, REGINA P	
STREET ADDRESS	1505 S. KIRKMAN RD. APT. 2105	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTO, MARCO	
STREET ADDRESS	6144 RALEIGH ST. # 1305	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAETTA, SIMONE	
STREET ADDRESS	6157 RALEIGH ST # 1409	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRUDA, ENEDINA	
STREET ADDRESS	6128 RALEIGH ST. # 1109	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

SIGNATURE REQUIRED

4.23.03

CR2E037 (10/02)