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

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90070 032 ****61.25

DOCUMENT # N02000001338

1. Entity Name
DECIDE CHRISTIAN COUNSELING CENTER, INC.

90016219

Principal Place of Business	Mailing Address
4151 W OAKRIDGE RD ORLANDO FL 32839	4151 W OAKRIDGE RD ORLANDO FL 32839

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 452013
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Kissimmee, Florida
Zip / Country	Zip: 34745-2013 / Country: US

4. FEI Number: 03038-8345 ☐ 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
NARDELLA, JR.,, ANTHONY M ESQUIRE 1110 DOUGLAS AVE, STE 1002 ALTAMONTE SPRINGS FL 32714	Name: Fredric Velez Street Address (P.O. Box Number is Not Acceptable): 14328 Rainsong Drive City: Orlando FL Zip Code: 32824

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: Fredric Velez, Secretary — 1/21/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, SATURNINO REV 2770 MUSCATELLO CT ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Evaristo Olivo Dr. 3230 Rustic Dr. Kissimmee, Fl 34744	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVO, NELSON 1413 MIMI CT KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELEZ, FREDERIC REV 14328 RAINSONG DR ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVO, LAURA 1413 MIMI CT KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILAR, INES T 12235 DELAWARE LN ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ, IRIS 3230 RUSTIC DR KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED