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

5/5/.

FILED
Jun 12, 2003 8:00 am
Secretary of State
05-05-2003 91850 009 ****61.25

DOCUMENT # N02000002989

1. Entity Name
PHILADELPHIA EVANGELICAL CHURCH INC.

55047812

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1497 S. KIRKMAN RD. 1099 ORLANDO FL 32811	1497 S. KIRKMAN RD. 1099 ORLANDO FL 32811

2. Principal Place of Business	3. Mailing Address
1516 E. COLONIAL DR	2233 S. KIRKMAN RD
Suite, Apt. #, etc. 107 P.BOX 618414	Suite, Apt. #, etc. #87
City & State ORLANDO FL	City & State ORLANDO FL
Zip / Country 32861-8414 / USA	Zip / Country 32811 / USA

4. FEI Number ☐ 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
TORO, RUBEN D 7345 SAND LAKE RD. 204 ORLANDO FL 32819	Name: RIVERA, CRISTINA Street Address (P.O. Box Number is Not Acceptable): 1516 E. COLONIAL DR STE. 1407 City: ORLANDO FL Zip Code: 32803-4726

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: [signature] 06.09.03.
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 PACHECO, HELIO L 1497 S.KIRKMAN RD. #1099 ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PACHECO, HELIO L. 2233 S. KIRKMAN RD. #87 ORLANDO FL 32811	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACHECO, SELAM S 1497 S. KIRKMAN RD. # 1099 ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACHECO, SELMA S. 2233 S. KIRKIMAN RD. #87 ORLANDO FL 32811	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACHECO, SELAM C 1497 S. KIRKMAN RD. #1099 ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACHECO, SELMA CRISTINA 2233 S. KIRKMAN RD #87 ORLANDO FL 32811	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATTABRIGA, AUGUSTO 4928 CASON COVE RD 403 ORLANDO FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] RUBEN TORO 04/29/03 5:00pm 407-522-6421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #