

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

FILED
Aug 21, 2003 8:00 am
Secretary of State

4/1

04-14-2003 90095 008 ****70.00

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1. Entity Name

CENTRO CRISTIANO DE OCALA, INC.



Principal Place of Business

**24 NE 12TH TERR.
OCALA FL 34470**

Mailing Address

**24 NE 12TH TERR.
OCALA FL 34470**

55054710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-20 888 58

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PEREZ, FERNANDO
24 NE 12TH TERR.
OCALA FL 34470**

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. 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

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 ☐ Delete
NAME **D PEREZ, FERNANDO**
STREET ADDRESS **24 NE 12TH TERR.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☒ Change ☐ Addition
NAME **P/D FERNANDO PEREZ**
STREET ADDRESS **PO BOX 6897 OCALA FL 34478**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D PEREZ, CARMEN**
STREET ADDRESS **24 NE 12TH TERR.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☒ Change ☐ Addition
NAME **V/S CARMEN PEREZ**
STREET ADDRESS **24 NE 12TH TERR**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
NAME **D PENNA, AMPARO**
STREET ADDRESS **5501 SW 191 CT.**
CITY-ST-ZIP **DONNELSON FL 34432**

TITLE ☒ Change ☐ Addition
NAME **T/D PENNA AMPARO**
STREET ADDRESS **5501 SW 191 CT**
CITY-ST-ZIP **DONNELSON FL 34432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Fernando Perez

-3-16-03

352-7320516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)