

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90241 023 ****61.25

DOCUMENT # N02000005549

1. Entity Name

PALABRA VIVA Y EFICAZ CHRISTIAN CHURCH, INC.



Principal Place of Business

**2409 BARLEY CLUB DR #4
ORLANDO FL 32837**

Mailing Address

**2409 BARLEY CLUB DR #4
ORLANDO FL 32837**

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

51-0419131

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FANDINO, JUAN
2409 BARLEY CLUB DR #4
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	FANDINO, JUAN PASTOR	
STREET ADDRESS	2409 BARLEY CLUB DR #4	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FANDINO, GILMA	
STREET ADDRESS	2409 BARLEY CLUB DR #4	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRUZ, CRISTINA	
STREET ADDRESS	2409 BARLEY CLUB DR #4	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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**

3-08-03 407-617-9451