

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-16-2003 90144 017 ****61.25

DOCUMENT # N02000007962			
1. Entity Name CHURCH OF GOD JOHN 3:16 INC.			
Principal Place of Business 2256 GREENVIEW CIR ORLANDO FL 32808 2 S TEXAS AVE ORLANDO FL 32805		Mailing Address 2256 GREENVIEW CIR ORLANDO FL 32808	
2. Principal Place of Business 2 S TEXAS AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FLORIDA		City & State	
Zip 32805	Country	Zip	Country
4. Name and Address of Current Registered Agent HERNANDEZ, EFRAIN 2256 GREENVIEW CIR ORLANDO FL 32808		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when re-registering) 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	P HERNANDEZ, EFRAIN 2256 GREENVIEW CIR ORLANDO FL 32808 ☐ Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOCAL ADRIEL I. HERNANDEZ 2257 GREENVIEW CIR, ORLANDO FL 32808 ☐ Change ☒ Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, EFRAIN O 5415 MOORE ST ORLANDO FL 32818 ☐ Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, ESTHER 8134 COUNTRY RUN PRWAY ORLANDO FL 32818 ☐ Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, RAFAELA 2256 GREENVIEW CIR ORLANDO FL 32808 ☐ Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, BEZALEEL 8134 COUNTRY RUN PRWAY ORLANDO FL 32818 ☐ Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: SIGNATURE REQUIRED		6-8-03 / 407 292-2405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

55049355

☐ CHECK HERE IF MAKING CHANGES

CP2E037 (10/02)