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

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-03-2003 90156 006 ****61.25

2/3/

DOCUMENT # N02000008642

1. Entity Name
B'NAI ADONAI, INC.

CORRECTED

Principal Place of Business	Mailing Address
441 W. VINE ST. KISSIMMEE FL 34741	441 W. VINE ST. KISSIMMEE FL 34741

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PRIMERA IGLESIA PENTECOSTAL	1050 ~~[illegible]~~ HOBSON ST.
Suite, Apt. #, etc. 1481 SEMINOLA BLVD.	Suite, Apt. #, etc. ~~LONGWOOD~~
City & State CASSELBERRY FL	City & State LONGWOOD FL
Zip / Country 32707 / SEMINOLE	Zip / Country 32750 / SEMINOLE

4. FEI Number 81-0582949 ~~05343567940~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, ROBERT S
441 W. VINE ST.
KISSIMMEE FL 34741

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PTD STANLEY, FREDERICK 1050 HOBSON STREET LONGWOOD FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, ALLEN RONALD SP-LEAD 4008 CASTELL DR. ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MATTHEWS, ALICE P.O. BOX 620381 ORLANDO FL 32862	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DARDIZ, FRANCISCO JR 2812 LAKEVIEW DR. FERN PARK FL 32730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECOSTA, CHARLES 1900 ASHLAND TRAIL OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSZAK, FARIDA 8645 GEORGIA TECH ST. ORLANDO FL 32817	☐ 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: Frederick F. Stanley FREDERICK F. STANLEY 1/24/03 407-246-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #