2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90009 035 ****61.25

DOCUMENT # N03000009726

1. Entity Name

BLESS SILOE PENTECOSTAL CHURCH, INC.

Principal Place of Business	Mailing Address
14660 EAGLE CROSSING DRIVE ORLANDO FL 32837	14660 EAGLE CROSSING DRIVE ORLANDO FL 32837

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
609 Vine Street	1600 Kendrick Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. C
City & State: Kissimmee	City & State: Kissimmee
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number: 13-0102216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, JOSE REV.
14560 EAGLE CROSSING DRIVE
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: Flores, Jose Rev.
Street Address (P.O. Box Number is Not Acceptable): 14660 Eagle Crossings Drive
City: Orlando FL Zip Code: 32837

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
Due By May 1, 2004

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 FLORES, JOSE REV. 14560 EAGLE CROSSINGS DR. ORLANDO FL 32837	☐ Delete	P Flores, Jose Rev. 14660 Eagle Crossings Dr. Orlando, Fl 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLORES, GILDA TRUSTEE 14560 EAGLE CROSSINGS DR. ORLANDO FL 32837	☐ Delete	V Flores Gilda Trustee 14660 Eagle Crossings Dr.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GATHERS, CHRISTINE TRUSTEE 1600 KENDRICK DRIVE APT. C KISSIMMEE FL 34741	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAREDES, BETSY OFFICER 1600 KENDRICK DRIVE APT. C KISSIMMEE FL 34741	☐ Delete	D Betsy Paredes Officer 1325 El Dorado Dr. Apt. B Kissimmee, Fl 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YORRO, ABDELISSE OFFICER 1400 EL DORADO DR. APT. A KISSIMMEE FL 34741	☐ Delete	D Yorro Abdelisse Officer 1440 El Dorado Dr. Apt. A Kissimmee, Fl 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, RIGOBERTO OFFICER 1355 EL DORADO DR. APT. B KISSIMMEE FL 34741	☐ Delete	D Torres, Rigoberto 1447 El Dorado Dr. Apt. B Kissimmee, Fl 34741	☑ Change ☐ Addition

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: Christie Gathers Christine Gathers 1/26/04 407-931-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #