

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90081 023 \*\*\*\*70.00

0073788

**DOCUMENT # N19534**

1. Entity Name

**GENESIS CHRISTIAN CENTER OF ORLANDO, FLORIDA, IN  
C.**



Principal Place of Business

**% OSVALDO BERBERENA  
829 ALASKA WOODS LANE  
ORLANDO FL 32824**

Mailing Address

**% OSVALDO BERBERENA  
829 ALASKA WOODS LANE  
ORLANDO FL 32824**

2. Principal Place of Business

**5501 Boggy Creek Rd.**

3. Mailing Address

**P.O. Box 771388**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number **59-2781766**

Applied For

Not Applicable

Zip

**32824**

Country

**USA**

Zip

**32877-1388**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BERBERENA, OSVALDO  
829 ALASKA WOODS LANE  
ORLANDO FL 32824**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BERBERENA, OSVALDO 829 ALASKA WOODS LANE ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD MORALES, NEVENJARIS 343 BUENAVENTURA BLVD. KISSIMMEE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BERBERENA, RAQUEL T. 829 ALASKA WOODS LANE ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BERROCAL, AIDA 3100 BURLINGTON DR. ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA RIVERA, DEBBIE 99 WILDWOOD CT KISSIMMEE FL 34743</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Osvaldo Berberena P.O. Box 771388 Orlando, FL 32877-1388</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: OSVALDO BERBERENA 3/12/03 407/859-2840

CR2E037 (10/02)