

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28722

FILED
Sep 15, 2003
Secretary of State

Entity Name: STOREHOUSE MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

18324 E COLONIAL DR
ORLANDO, FL 32833

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 223
CHRISTMAS, FL 32709 US

New Mailing Address:

FEI Number: 59-3004750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, THOMAS M
18235 BELVEDERE RD
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGUIRE, THOMAS M
Address: 18235 BELVEDERE RD
City-St-Zip: ORLANDO, FL 32820

Title: D () Delete
Name: MCGUIRE, ROSA
Address: 18235 BELVEDERE RD
City-St-Zip: ORLANDO, FL 32820

Title: D () Delete
Name: MORA, MARVIN
Address: 5284 NW 114 AVE #303
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN MORA

D

09/15/2003

Electronic Signature of Signing Officer or Director

Date