

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90253 007 \*\*\*\*61.25

**90002494**



CHECK HERE IF MAKING CHANGES

**DOCUMENT # N32515**

1. Entity Name  
**IGLESIA CRISTIANA HISPANA (DISCIPULOS DE CRISTO)  
DE ORLANDO INC.**

Principal Place of Business  
**1561 N. CHICKASAW TRAIL  
ORLANDO FL 32825**

Mailing Address  
**P.O. BOX 677969  
ORLANDO FL 32867-7969**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **59-3226425** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NARVAEZ, HERMINIO REV**  
**3083-A WHISPER LAKES**  
**WINTER PARK FL 32702**

*660, St. Johns Ct  
Winter Park, Fl.  
32792*

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 *Herminio Narvaez* DATE **01-08-03**

Signature, typed or printed name of registered agent and title, as 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, NILDA</b>	
STREET ADDRESS	<b>1126 PHEASANT CR.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANDEZ, RICHIE</b>	
STREET ADDRESS	<b>4116 OAKBERRY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, ORLANDO</b>	
STREET ADDRESS	<b>1817 MONTEBURG DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARVOJAL, MINERVA</b>	
STREET ADDRESS	<b>11247 CARRIAGE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32567</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JORDAN, ABDIRAS</b>	
STREET ADDRESS	<b>1301 STERLING OAKS DR.</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JIMENEZ, WILLIAM</b>	
STREET ADDRESS	<b>11173 SYLVAN POND CR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Perez, Hilda</b>	
STREET ADDRESS	<b>1126 Pheasant Cr.</b>	
CITY-ST-ZIP	<b>Winter Springs, Fl. 32708</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rodriguez, Francisco</b>	
STREET ADDRESS	<b>845, Coral Wood Ct.</b>	
CITY-ST-ZIP	<b>Kissimmee, Fl. 34743</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alvin Gonzalez</b>	
STREET ADDRESS	<b>5720, Citadel Dr.</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32839</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Enid Oferral</b>	
STREET ADDRESS	<b>2002, Carrington Dr</b>	
CITY-ST-ZIP	<b>Orlando, Fl. 32807</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS	<b>Delete</b>	
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 *Herminio Narvaez* DATE **01-08-03**

CR2E037 (10/02)