## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # N35095** MISSIONARY CHRISTIAN, SHIELD OF FAITH CHURCH, IN 02-14-2000 90034 009 \*\*\*\*70.00 Mailing Address Principal Place of Business 5230 INDIAN HILL: ROAD 1 17 JOSE L MARTINEZ REV ORLANDO FL 32808 934 ARDILLITA CT WINTER SPRINGS FL 32708-4728 407 (227 14 W 2. Principal Place of Business, 3. Mailing Address Martinez <u>Tose</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2986310 Not Applicable \$8.75 Additional Country -5). Certificate of Status Desired -- --Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jose Martine 2 Street Address (P.O. Box Number is Not Acceptable) MARTINEZ, JOSE L REV 934 ARDILLITA CT Hatt Rd Signal WINTER SPRINGS FL 32708 Zip Code 3 2 80 8 - 2626 2 47 11 2 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. SIGNATURE DATE Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Jose LMartinez Addition PTD ☐ Delete TITLE TITLE NAME NAME MARTINEZ, JOSE L REV 3975 Signal Hill Rd STREET ADDRESS STREET ADDRESS 1701 LEE RD HEEDEA POND APT 22F Orlando FL 32808-2626 Epifanva, Martinez Schange CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 TITLE VTD □ Delete TITLE NAME 3975 Signal Hill Rd MARTINEZ, EPIFANIA NAME 1701 LEE RD HEDDEA POND APT 22F STREET ADDRESS STREET ADDRESS Orlando FL 32808 - 2626 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Ramón Carrasquillo Change ☐ Addition TITLE ☐ Delete NAME VALENTIN, ROSA alti-Sansose-Blud-STREET ADDRESS STREET ADDRESS 934 ARDILLITA CT orlando FC 32808 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Angel Vazquez Change ☐ Addition ☐ Delete TITLE NAME VELAZQUEZ, ANTONIO NAME 100 Camden Rd STREET ADDRESS STREET ADDRESS 1520 SUNSET VIEW CT Altamonte Springs FL 32714 1 11 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Felicita Peyes Addition ASD □ Delete TITLE NAME NAME RUIZ, CELIA 1764 Chatham Circle alberlea ... STREET ADDRESS STREET ADDRESS 41 W. ALBATROSS ST RECEIVED LE CITY ST-ZIP CITY-ST-ZIP Aporka Fl 32703 APOPKA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

1- 6- 200- 407-290-0380

Date Daytime Phone #

FILED