

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90304 007 ****61.25

DOCUMENT # N40622

1. Entity Name

WORSHIP AND PRAISE CENTER, INC./ CENTRO DE ADORA

Principal Place of Business

Mailing Address

P O BOX 592095
1743 BENTWAY COURT
ORLANDO FL 32809
US

P O BOX 592095
ORLANDO FL 32809
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5016 Dublin Ave

3. Mailing Address

P.O. Box 592095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32812

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3055781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLON, RAYMOND
1743 BENTWAY COURT
ORLANDO, FL 32818

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME COLON, RAYMOND
STREET ADDRESS 1743 BENT WAY COURT
CITY-ST-ZIP ORLANDO FL

TITLE DV ☐ Delete
NAME ORTIZ, ORLANDO
STREET ADDRESS 3943 PINTAIL CT
CITY-ST-ZIP ORLANDO FL

TITLE DST ☐ Delete
NAME COLON, ELIZABETH
STREET ADDRESS 1743 BENT WAY CT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Delete
NAME RAMOS, RAMON
STREET ADDRESS 135 COOPER COURT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Delete
NAME VELAZQUEZ, FEDERICO
STREET ADDRESS 5226 VIA HACIENDA CIR.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME ALDEBOL, ARLEN
STREET ADDRESS 6572 MERITMOOR CIRCLE
CITY-ST-ZIP Orlando, FL 32818

TITLE D ☐ Change ☒ Addition
NAME PHANCE, ANGEL
STREET ADDRESS 1317 TIMBERBEND CIRCLE
CITY-ST-ZIP Orlando, FL 32824

TITLE D ☐ Change ☒ Addition
NAME ANAURA YELAZQUEZ
STREET ADDRESS 13300 LUXBURY LOOP
CITY-ST-ZIP Orlando, FL 32839

TITLE D ☐ Change ☒ Addition
NAME Julio Guillen
STREET ADDRESS 36 LAGUNA POINTE WAY
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Elizabeth Colon REELIZABETH Colon

4/16/01 407-22-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)