

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2002 8:00 am**
Secretary of State

05-23-2002 90040 005 ****61.25

DOCUMENT # N41253

1. Entity Name

WAUCHULA FOURSQUARE CHURCH, INC.

Principal Place of Business

**2153 SHAMROCK ROAD
AVON PARK FL 33825**

Mailing Address

**2153 SHAMROCK ROAD
AVON PARK FL 33825**

2. Principal Place of Business

311 Goolsby Ave.

3. Mailing Address

2153 Shamrock Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula, Fl.

City & State

Avon Park, Fl.

4. FEI Number

59-3046238

Applied For

Not Applicable

Zip

Country

33873

Zip

Country

338255. Certificate of Status Desired ☐ **\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARDONA, ALFREDO
311 GOOLSBY ST
WAUCHULA FL 33873**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	CARDONA, ALFREDO		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2153 SHAMROCK RD		AVON PARK FL				
	D	<input type="checkbox"/> Delete	CARDONA, MARIA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2153 SHAMROCK RD		AVON PARK FL				
	D	<input type="checkbox"/> Delete	ROSALES, GUADALUPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	64 GARZA RD		ZOLFO SPRINGS FL 33890				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<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: **Maria Cardona** **REQUERIDA CARDONA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 (863) 452-0886

CR2E037 (9/01)