

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42461

1. Entity Name

EVANGELICA PENTECOSTAL CHURCH FOUNTAIN OF LIFE,

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90172 014 ****70.00

Principal Place of Business	Mailing Address
818 NOWEEL STREET ORLANDO FL 32808 US	2256 GREENVIEW CIRCLE ORLANDO FL 32808-4416 US

2. Principal Place of Business	3. Mailing Address
6415 MOORE ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
ORLANDO, FLORIDA	
Zip	Country
32818	ORANGE

4. FEI Number	Applied For
59-3063007	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HERNANDEZ, EFRAIN 2256 GREENVIEW CIR ORLANDO FL 32808

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
<i>Efrain Hernandez</i>		FEB 22 2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	BANKS, SUSY
STREET ADDRESS	2737B BENT WILLOW CIRCLE
CITY-ST-ZIP	ORLANDO FL 30808
TITLE	TD <input type="checkbox"/> Delete
NAME	HERNANDEZ, RAFAELA
STREET ADDRESS	2256 GREENVIEW CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	CD <input type="checkbox"/> Delete
NAME	HERNANDEZ, EFRAIN O
STREET ADDRESS	4714 SOUTHDOLD RD
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD EFRAIN HERNANDEZ
STREET ADDRESS	2256 GREENVIEW CIR
CITY-ST-ZIP	ORLANDO, FLORIDA 32808
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	Signature and typed or printed name of signing officer or director	Date	Daytime Phone #
<i>Efrain Hernandez</i>	EFRAIN HERNANDEZ	2-22-2000	407-292-2403

CR2E037 (9/99)