

5/18

FILED**Jun 29, 2001 8:00 am**
Secretary of State

05-18-2001 91567 009 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N43799**

1. Entity Name

CASA DE ORACION OF MELBOURNE, INC.

Principal Place of Business

Mailing Address

1510 BOTTLEBURST DRIVE
PALM BAY FL 32906
US1510 BOTTLEBURST DRIVE
PALM BAY FL 32906
US

2. Principal Place of Business

3. Mailing Address

1510 Bottleburst Dr NE
Suite, Apt. #, etc.1510 Bottleburst Dr NE
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3071190

Applied For

Not Applicable

5. 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

DELGADO, KENNETH W.
154 ANGELO RD SE
PALM BAY FL 32909

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, PACO	
STREET ADDRESS	1875 ANDOVER ST. NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BONILLA, LOUIS	
STREET ADDRESS	1825 GLENRIDGE ST NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BETZABE <i>COOK</i>	
STREET ADDRESS	154 ANGELO RD 56	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAW, LEE LAND	
STREET ADDRESS	457 BIRCH AVENUE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELGADO, KENNETH REV.	
STREET ADDRESS	154 ANGELO ROAD SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JASON BONILLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	1812 GLENRIDGE ST NW	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	JACQUE STONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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		

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 #

4/30/01 321-952-5725

CR2E037 (10/00)