

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43821

1. Entity Name

MISSIONARY CENTER CHURCH, INC. DEFENDERS OF THE

Principal Place of Business

928 N. DEAN RD  
ORLANDO FL 32825

Mailing Address

928 N. DEAN RD  
ORLANDO FL 32825-6631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3069425

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

LAUREANO, DAVID  
1516 BARKWOOD LANE  
ORLANDO FL 32878

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	VPD	<input type="checkbox"/> Delete
NAME	LAUREANO, MIRIAM	
STREET ADDRESS	1516 BARKWOOD LN	
CITY-ST-ZIP	ORLANDO FL 32878	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAUREANO, DAVID	
STREET ADDRESS	1516 BARKWOOD LN	
CITY-ST-ZIP	ORLANDO FL 32878	
TITLE	TT	<input type="checkbox"/> Delete
NAME	CRUZ, MIGDALIA	
STREET ADDRESS	11255 CYPRESS LEAF DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VILLA, MRS. IDA	
STREET ADDRESS	9919 FLYNN CIR.	
CITY-ST-ZIP	ORLANDO FL 32825	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*David Laureano* (P)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90031 012 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)