


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 019 ****61.25

DOCUMENT # N48146 1. Entity Name JESUS IS LORD CHURCH OF ORLANDO, INC.					
Principal Place of Business 5020 SILVER STAR RD. ORLANDO, FL 32808 US			Mailing Address 5020 SILVER STAR RD. ORLANDO, FL 32808 US		
2. Principal Place of Business 7171 Mott Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 681028 Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Orlando FL		4. FEI Number 59-3108782	
Zip 32714		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINONES, ROBERTO 1202 CHESHIRE ST. GROVELAND, FL 34736				7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONES, ROBERTO 1202 CHESHIRE ST. GROVELAND, FL 34736		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONES, AIDA LUZ 1202 CHESHIRE ST. GROVELAND, FL 34736		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, HECTOR 7147 HICKORY BRANCH CIRCLE ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hector Cruz 543 Spanish Trace dr #543 Altamonte Spring FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, BRENDA 319 OLD DIXIE HIGHWAY APOPKA, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brenda Cruz 543 Spanish Trace dr #543 Altamonte FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roberto Quinones Roberto 2/6/06 407-862 0558 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					