

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0074416

DOCUMENT # N93000005162

1. Entity Name

FREEDOM IN CHRIST PENTECOSTAL MINISTRY, INC.



04-30-2003 90070 036 ****61.25

Principal Place of Business

4213 S. SEMORAN BLVD., STE. 4
ORLANDO FL 32822
US

Mailing Address

P.O. BOX 570972
ORLANDO FL 32857

2. Principal Place of Business

5434 Halifax Dr.

3. Mailing Address

SAME above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number 59-3214082

Applied For

Not Applicable

Zip

32812

Country

USA

Zip

32857

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BETANCOURT, JOHN A
4263 S SEMORAN BLVD
SUITE 8
ORLANDO FL 32822

new address:
5434 Halifax Dr.
Orlando, FL 32812

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BETANCOURT, JOHN A	
STREET ADDRESS	4213 S. SEMORAN BLVD., STE. 4	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAGARES, MARIA E	
STREET ADDRESS	4213 S. SEMORAN BLVD., STE. 4	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAGARES, SOFIA B	
STREET ADDRESS	5334 LAKE MARGARET DR., #614	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMEIDA, ROSA	
STREET ADDRESS	7421 4TH AVE	
CITY-ST-ZIP	NORTH BERGEN NJ 07047	
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		
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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 REQUIRED

4-25-03 (407) 737-3461

CR2E037 (10/02)