

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90096 021 ****75.00

DOCUMENT # N94000002174

1. Entity Name

SALEM CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**3414 HAMLET LOOP
WINTER PARK FL 32792-1724**

**3414 HAMLET LOOP
WINTER PARK FL 32792-1724**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3247503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAWAYEK, SYLVIA F
3414 HAMLET LOOP
WINTER PARK FL 32792-1724**

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

Sylvia F. Hawayek

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-2000

DATE

FILE NOW:

FEES 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 ☐ Delete
NAME **PD**
STREET ADDRESS **HAWAYEK, SYLVIA F**
CITY-ST-ZIP **3414 HAMLET LOOP
ORLANDO FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **RODRIGUEZ, ANGEL R**
CITY-ST-ZIP **800 SOUTH GOODMAN ROAD
KISSIMMEE FL 34747**

TITLE ☐ Change ☒ Addition
NAME **José Villanueva**
STREET ADDRESS **103 South Forsyth Road**
CITY-ST-ZIP **Orlando FL 32807**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VILLANUEVA, CLARA**
CITY-ST-ZIP **103 SOUTH FORSYTH ROAD
ORLANDO FL 32807**

TITLE ☐ Change ☒ Addition
NAME **Ruben Santana**
STREET ADDRESS **1163 VISTA PALMA WAY**
CITY-ST-ZIP **ORLANDO FLA 32825-63673**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **VAZQUEZ, ROSARIO**
CITY-ST-ZIP **7806 SAGEBRUSH
ORLANDO FL 32822**

TITLE ☐ Change ☒ Addition
NAME **Secundina Santana**
STREET ADDRESS **1163 VISTA PALMA WAY**
CITY-ST-ZIP **ORLANDO FLA 32825-6373**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **RODRIGUEZ, LESLIE**
CITY-ST-ZIP **800 SOUTH GOODMAN ROAD
KISSIMMEE FL 34747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **NIEVES, CARMEN**
CITY-ST-ZIP **1938 COLTON DRIVE
ORLANDO FL 32822**

TITLE ☐ Change ☐ 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:

Sylvia F. Hawayek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 407-691-2370

Date

Daytime Phone #

CR2E037 (9/99)