7/91

7/9

FILED
Sep 10, 2002 8:00 am
Secretary of State
07-09-2002 90373 004 ****61.25

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

DOCUMENT # N94000002174

1. Entity Name
Salem Christian Church, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1112 Tucker Ave Suite, Apt. #, etc.	P.O. Box 574211 Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl.
Zip: 32807 Country: USA	Zip: 32857-4211 Country: USA

4. FEI Number: 59-3247503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sylvia F. Hawayek

Street Address (P.O. Box Number is Not Acceptable)

928 Rollingwood Ave. Apt 106

City: Casselberry FL Zip Code: 32707

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 7-3-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	Pastor - D	TITLE	
NAME	Sylvia F. Hawayek	NAME	
STREET ADDRESS	928 Rollingwood Loop Apt 106	STREET ADDRESS	
CITY-ST-ZIP	Casselberry, Fl. 32707-5939	CITY-ST-ZIP	
TITLE	Secretary - T	TITLE	
NAME	Gloria M. Caceres	NAME	
STREET ADDRESS	3862 Bluebrook Dr.	STREET ADDRESS	
CITY-ST-ZIP	Winter Park, Fl. 32792	CITY-ST-ZIP	
TITLE	Treasury - D	TITLE	
NAME	Clara Villanueva	NAME	
STREET ADDRESS	105 Forsyth Rd.	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Orlando, Fl. 32808	CITY-ST-ZIP	
TITLE	Co-Pastor - D	TITLE	IN THIS SPACE
NAME	Wilfredo Vasquez	NAME	
STREET ADDRESS	8515 Popcorn	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32825	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria M. Caceres 7-3-02 321-356-4605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #