


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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90135 026 \*\*\*\*75.00

DOCUMENT # N94000002174  
1. Entity Name  
**SALEM CHRISTIAN CHURCH, INC.**



Principal Place of Business  
**1117 TUCKER AVE  
ORLANDO FL 32807**

Mailing Address  
**PO BOX ~~574937~~  
ORLANDO FL 32857-~~4937~~ 4937**



2. Principal Place of Business  
**1117 TUCKER Ave.**

3. Mailing Address  
**P.O. Box  
574937-4937**

Suite, Apt. #, etc.  
**Orlando Fl.**

CHECK HERE IF MAKING CHANGES

City & State  
**32807 Orlando Fl.**

4. FEI Number **59-3247503**

Applied For  
 Not Applicable

Zip  
**32807**

Country  
**Orange**

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

6. Name and Address of Current Registered Agent  
**HAWAYEK, SYLVIA F  
978 ROLLINGWOOD AVE  
APT 106  
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent  
Name **Hawayek Sylvia F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5258 Delta St.**  
City **Orlando, FL** Zip Code **32807**

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 **Sylvia F. Hawayek - Sylvia F Hawayek P.D. 4-20-2003**

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	HAWAYEK, SYLVIA F	
STREET ADDRESS	<del>978 ROLLINGWOOD LOOP APT. 106</del> <b>P.O. Box</b>	
CITY-ST-ZIP	<del>CASSELBERRY FL 32707 5830</del> <b>574937-Orlando 32857-4937</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CACERES, GLORIA M	
STREET ADDRESS	3862 BLUEBROOK DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VILLANUEVA, CLARA	
STREET ADDRESS	105 FORSYTH RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, WILFREDO	
STREET ADDRESS	8515 PEPERCORN	
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		

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	ST. Jose Villanueva	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	105 Forsyth RD.	
STREET ADDRESS	Orlando Fl. 32808	
CITY-ST-ZIP		
TITLE	C.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo Soto	
STREET ADDRESS	5510 CASA BIANCA - Orlando Fl. 32807	
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
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 empowerments.

SIGNATURE: **Sylvia F. Hawayek - Sylvia F. Hawayek 4-20-2003 - 407-267-3354**

CR2E037 (10/02)