

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002179

1. Entity Name

KESSIMMEE HISPANIC CHURCH OF THE NAZARENE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90150 001 ****61.25

Principal Place of Business	Mailing Address
2367 FORTUNE RD KESSIMMEE FL 34744 US	2367 FORTUNE RD KESSIMMEE FL 34744-3989 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3252595	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JIMENEZ, BENJAMIN
819 N THACKER AVE.
KESSIMMEE FL 34741

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.

SIGNATURE _____ (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 Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
<table><tr><td>T</td><td>☒ Delete</td></tr><tr><td>NAME</td><td>NIEVES, ALFONSO</td></tr><tr><td>STREET ADDRESS</td><td>2110 R.J. CIRCLE</td></tr><tr><td>CITY-ST-ZIP</td><td>KESSIMMEE FL</td></tr></table>	T	☒ Delete	NAME	NIEVES, ALFONSO	STREET ADDRESS	2110 R.J. CIRCLE	CITY-ST-ZIP	KESSIMMEE FL	<table><tr><td>T</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>Pedro Rodriguez</td></tr><tr><td>STREET ADDRESS</td><td>697 Royal Palm</td></tr><tr><td>CITY-ST-ZIP</td><td>Kissimmee, FL 34743</td></tr></table>	T	☒ Change ☐ Addition	NAME	Pedro Rodriguez	STREET ADDRESS	697 Royal Palm	CITY-ST-ZIP	Kissimmee, FL 34743
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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: Jose Cardona 4/17/00 407-348-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)