

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90006 040 ****61.25

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DOCUMENT # N94000002179

1. Entity Name

KISSIMMEE HISPANIC CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

2367 FORTUNE RD
 KISSIMMEE FL 34744
 US

2367 FORTUNE RD
 KISSIMMEE FL 34744
 US

643211



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

59-3252595

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

JIMENEZ, BENJAMIN
819 N THACKER AVE.
KISSIMMEE FL 34741

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
 NAME **RODRIGUEZ, PEDRO**
 STREET ADDRESS **697 ROYAL PALM**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

Trustee ☐ Change ☒ Addition
 NAME **Ignacio Danois**
 STREET ADDRESS **2332 Harbor Town Dr.**
 CITY-ST-ZIP **Kissimmee, FL 34744**

T ☐ Delete
 NAME **JIMENEZ, BENJAMIN**
 STREET ADDRESS **819 N THACKER AVE**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

T ☒ Delete
 NAME **ROMAN, FREDDY**
 STREET ADDRESS **242 LA PAZ DRIVE**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

P ☐ Delete
 NAME **CARDONA, JOSE**
 STREET ADDRESS **8001 MAGNOLIA RIDGE DR**
 CITY-ST-ZIP **LAKELAND FL 33809**

President ☐ Change ☐ Addition
 NAME **Cardona, Jose**
 STREET ADDRESS **2831 Berkshire Circle**
 CITY-ST-ZIP **Kissimmee, FL 34743**

S ☒ Delete
 NAME **RODRIGUEZ, CARMEN**
 STREET ADDRESS **12228 VITI ST**
 CITY-ST-ZIP **ORLANDO FL**

Secretary ☒ Change ☐ Addition
 NAME **Lourdes Alvares De Jesus**
 STREET ADDRESS **2476 Parson Pond Cr.**
 CITY-ST-ZIP **Kissimmee, FL 34743**

T ☐ Delete
 NAME **ARROYO, NELSON**
 STREET ADDRESS **93 ALDERWOOD DR**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

☐ 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: **Jose Cardona**
SIGNATURE REQUIRED

4/18/01

407-348-9575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)