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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:48

DOCUMENT # N94000002376 (1)

1. Corporation Name

CASA DE ADORACION ASSEMBLY OF GOD OF ORLANDO, IN C.

Principal Place of Business	Mailing Address
14801 SUSSEX DRIVE ORLANDO FL	14801 SUSSEX DRIVE ORLANDO FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:
4. FEI Number: 58-12/3057 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 9300 UNIVERSITY BOULEVARD
Suite, Apt. #, etc. 22:
City & State 23: ORLANDO, FLORIDA
Zip 24: 32817 Country 25: ORANGE

2a. Mailing Address
26: 9300 UNIVERSITY BOULEVARD
Suite, Apt. #, etc. 27:
City & State 28: ORLANDO, FLORIDA
Zip 29: 32817 Country 30: ORANGE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CARABALLO, JOSE M
22 PINE ISLAND CIRCLE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

01 Name: CARABALLO, JOSE M
02 Street Address (P.O. Box Number is Not Acceptable): 3292 S. SEMORAN #12
03:
04 City: ORLANDO FL 05 Zip Code: 32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	CARABALLO, JOSE M	12 NAME	CARABALLO, JOSE M
STREET ADDRESS	22 PINE ISLAND CIR	13 STREET ADDRESS	3292 S. SEMORAN #12
CITY-ST-ZIP	KISSIMMEE FL 34743	14 CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	SD	21 TITLE	SD ☑ Change ☐ Addition
NAME	CARABALLO, YOLANDA	22 NAME	CARABALLO, YOLANDA
STREET ADDRESS	22 PINE ISLAND CIR	23 STREET ADDRESS	3292 S. SEMORAN #12
CITY-ST-ZIP	KISSIMMEE FL 34743	24 CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	TD	31 TITLE	TD ☑ Change ☐ Addition
NAME	LAMBOY, EDIL	32 NAME	HERNANDEZ, JOSE A
STREET ADDRESS	15515 OLD CHANEY	33 STREET ADDRESS	10400 CRESTO DGL SOL CIRCLE
CITY-ST-ZIP	ORLANDO FL 32828	34 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jose A. Hernandez — 2/10/95 — (407) 237-6365
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0034507