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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002376

1. Corporation Name

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

Principal Place of Business

9300 UNIVERSITY BLVD
ORLANDO FL 32817
US

Mailing Address

8703 CURRY FORD RD
ORLANDO FL 32825
US



2. Principal Place of Business

21 8703 Curry Ford Rd

Suite, Apt. #, etc.

22

City & State

23 Orlando, Fla

Zip Country

24 32825 25

2a. Mailing Address

26 8703 Curry Ford Rd

Suite, Apt. #, etc.

27

City & State

28 Orlando, Fla

Zip Country

29 32825 30

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

58-1213057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARABALLO, JOSE M
8703 CURRY FORD RD
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARABALLO, JOSE M
STREET ADDRESS 3292 S. SEMORAN #12
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME CARABALLO, YOLANDA
STREET ADDRESS 3292 S. SEMORAN #12
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE

NAME FREDDIE LACOURT
STREET ADDRESS 9549 SUNDANCE CT
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME CARABALLO, Jose M
1.3 STREET ADDRESS 8703 Curry Ford Rd
1.4 CITY-ST-ZIP Orlando, Fla, 32825

2.1 TITLE SD ☐ Change ☐ Addition

2.2 NAME Yolanda CARABALLO
2.3 STREET ADDRESS 8703 Curry Ford Rd
2.4 CITY-ST-ZIP Orlando Fla, 32825

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Norma Torres
3.3 STREET ADDRESS 812 Lambert Ln
3.4 CITY-ST-ZIP Orlando, Fla, 32825

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99
Date

(407) 382-9115
Daytime Phone #

CR2E037 (11/98)