2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90042 012 ****70.00

DOCUMENT # N94000005910

1. Entity Name

CENTRO EVANGELISTICO DE AVIVAMIENTO, INC.

Principal Place of Business	Mailing Address
14246 BOGGY CREEK RD. ORLANDO FL 32724	P.O. BOX 590003 ORLANDO FL 32859-0003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2982 Michigan Ave.	
Suite, Apt. #, etc. 2#	Suite, Apt. #, etc.
City & State Kissimmee, FL	City & State
Zip / Country 34744 / U.S.A.	Zip / Country

4. FEI Number 59-3295430 ☐ Applied For ☐ Not Applicable

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
BETANCOURT, LEMUEL REV. 14246 BOGGY CREEK RD. ORLANDO FL 32859	Name: Rev. Betancourt Lemuel Street Address (P.O. Box Number is Not Acceptable): 2982 Michigan Ave. #2 City: Kissimmee FL Zip Code: 34744

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: Rev. Lemuel Betancourt Registered Agent 4/27/00
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BETANCOURT, MARYBETH 2919 FOX SQUIRREL DR. KISSIMMEE FL 34741	☐ Delete	SECRETARY BETANCOURT MARYBETH 2919 FOX SQUIRREL DR. KISSIMMEE, FL. 34741	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORALES, AWILDA 212 ASHFORD PLACE KISSIMMEE FL 34758	☒ Delete	DIRECTOR ERUNDINA CASILLAS 405 W TROPICANA CT KISSIMMEE, FL. 34741	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARINO, GITSIE 518 ROYAL PALM DR. KISSIMMEE FL 34743	☒ Delete	TREASURER NOEMI LOPEZ 15012 LAKE AZURE DR. Orlando, FL 32824	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD CARINO, ANTONIO 518 ROYAL PALM DR. KISSIMMEE FL 34743	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETANCOURT, LEMUEL 2919 FOX SQUIRREL DR. KISSIMMEE FL 34741	☐ Delete	PRESIDENT BETANCOURT LEMUEL 2919 Fox Squirrel Dr. Kissimmee, FL 34741	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

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: SIGNATURE Rev. Lemuel Betancourt 4/27/00 (407) 870-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Registered Agent/President Date Daytime Phone #