2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005910

1. Entity Name

CENTRO EVANGELISTICO DE AVIVAMIENTO, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90042 012 ****70.00

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: 34744 Country: 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

BETANCOURT, LEMUEL REV.
14246 BOGGY CREEK RD.
ORLANDO FL 32859

7. Name and Address of New Registered Agent

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 DATE 4/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

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

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 REQUIRED Rev. Lemuel Betancourt, Registered Agent/President 4/27/00 (407) 870-0083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #