2000 UNIFORM BUSINESS REPORT (UBR)

08-24-2000 90029 045 ****61.25

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000005910

1. Entity Name

Centro Evangelistico De Avivamiento Inc.

Principal Place of Business	Mailing Address
2982 Michigan Avenue # 2 Kissimmee, FL. 34744	same

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

AMENDED $61.25

4. FEI Number: 593295430 ☐ 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
Rev. Lemuel Betancourt 2919 Fox Squirrel Dr. 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 N/A
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	S Betancourt Marybeth 2919 Fox Squirrel Dr. Kissimmee, Fl. 34741	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Casillas Erundina 405 W. Tropicana Court Kissimmee, Fl. 34741	☑ Delete	D Ortiz Pedro A. 724 Del Rey Dr. Kissimmee, Fl. 34758	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lopez Noemi 15012 Lake Azure Dr. Orlando, Fl. 32824	☑ Delete	T Tirado Juana 1701 Mabbeth St., Bld. 1-208 Kissimmee, FL. 34741	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Betancourt Lemuel 2919 Fox Squirrel Dr. Kissimmee, FL. 34741	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Rev. Lemuel Betancourt Registered Agent 8/21/00 (407) 932-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/25