

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000981

1. Entity Name

MISSION CRISTIANA BETHESDA, INC.

Principal Place of Business

2300 HOWLAND BLVD
DELTONA FL 32738

Mailing Address

P.O. BOX 6441
DELTONA FL 32728-6441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

TORRES, PEDRO JUAN REV
1115 GALGANO AVENUE
DELTONA FL 32725

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

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
SD
TORRES, ALICIA E
1115 GALGANO AVE
DELTONA FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tr Annie Brenes
3812 Pinehurst St.
Deltona Fl. 32738 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CORDERO, MARIA ISABEL
969 LEEWARD DR.
DELTONA FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD Eddie Caro
2889 Gallup Ct.
Deltona, Fl. 32738 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MORALES, AURA
3289 QUAIL DR.
DELTONA FL 32738 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD/VP Juan Flores
918 Orienta Ave. #D
Alta Monte Springs,
Florida, 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LUNA, MARIA C
3133 QUAIL DRIVE
DELTONA FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90202 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)