

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003248

1. Entity Name

EL SHADDAI CHRISTIAN SCHOOL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90179 037 ****70.00

Principal Place of Business

Mailing Address

1541 AMHERST LANE
KISSIMMEE FL 34744

1541 AMHERST LANE
KISSIMMEE FL 34744-4053



DO NOT WRITE IN THIS SPACE

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

59-3413622

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

RIVERA-PEREZ, NANCY
1541 AMHERST LANE
KISSIMMEE FL 34744

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 ☐ Delete
NAME D
STREET ADDRESS RIVERA-PEREZ, NANCY
CITY-ST-ZIP 1541 AMHERST LANE
KISSIMMEE FL 34744

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

TITLE ☐ Delete
NAME S
STREET ADDRESS TELTSCHIK, BETTY J
CITY-ST-ZIP 542 FLORAL DR
KISSIMMEE FL 34743

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

TITLE ☐ Delete
NAME MOB
STREET ADDRESS SMITH, JANICE
CITY-ST-ZIP 180 TENNESSEE AVE
SAINT CLOUD FL 34769

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALICEA, CARMEN M
CITY-ST-ZIP 280 LA PAZ DRIVE
KISSIMMEE FL 34743

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PEREZ, JOSE A
CITY-ST-ZIP 1541 AMHERST LANE
KISSIMMEE FL 34744

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

4-25-2000 (407) 820-1870

Ch 037 (9/99)