

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 003 ****70.00

DOCUMENT # N96000003248

1. Entity Name

EL SHADDAI CHRISTIAN SCHOOL, INC.

Principal Place of Business

**1541 AMHERST LANE
 KISSIMMEE FL 34744**

Mailing Address

**1541 AMHERST LANE
 KISSIMMEE FL 34744**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 450025

Kissimmee FL

34745-0025

Osceola

4. FEI Number

59-3413622

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIVERA-PEREZ, NANCY
 1541 AMHERST LANE
 KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Nancy Rivera-Perez

7/18/2001

(407) 870-1820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

0015347