

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91612 030 \*\*\*\*70.00

**DOCUMENT #** N96000003248

**1. Entity Name**

El-Shaddai Christian School, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1541 Amherst Lane

Suite, Apt. #, etc.

**3. Mailing Address**

PO Box 450025

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Kissimmee, FL

**City & State**

Kissimmee, FL

**4. FEI Number**

593413622

**Applied For**

Not Applicable

**Zip**

34744

**Country**

USA

**Zip**

34745

**Country**

USA

**5. Certificate of Status Desired**

☒ **FL**

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Nancy Rivera-Perez

**Street Address (P.O. Box Number is Not Acceptable)**

1541 Amherst Lane

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FEE IS \$61.25**

**Initial or Amended UBR**

**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	NAME	STREET ADDRESS	CITY - ST - ZIP
Director	Nancy Rivera-Perez	1541 Amherst Lane, Kissimmee	FL 34744
Director	Jose A. Perez	1541 Amherst Lane, Kissimmee	FL 34744
Director	Carmen M. Alicea	280 La Paz Drive, Kissimmee,	FL 34743
MOB	Janice Smith	180 Tennessee Avenue, St. Cloud,	FL 34769

**DO NOT WRITE  
IN THIS SPACE**

**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 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 #**

CR2E037B (12/01)