

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000004705**

1. Entity Name

CHRISTIAN MISSION ADONAI INC.

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90055 043 *****61.25

Principal Place of Business

Mailing Address

**250 CORY AVE NE
PALM BAY FL 32907**

**250 CORY AVE NE
PALM BAY FL 32907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROMERO, FRANCISCO
250 CORY AVE NE
PALM BAY FL 32907**

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 **PD** ☐ Delete
NAME **PASTOR FRANCISCO ROMERO**
STREET ADDRESS **250 CORY AVE**
CITY-ST-ZIP **PALM BAY FL**

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

TITLE **VPT** ☐ Delete
NAME **ROMERO, FRANK M**
STREET ADDRESS **295 WAVECREST AVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **T** ☐ Delete
NAME **VALENTIN, SANDRA**
STREET ADDRESS **295 WAVE CREST AVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **S** ☐ Delete
NAME **MANZANO, ADA**
STREET ADDRESS **250 LORY AVE**
CITY-ST-ZIP **PALM BAY FL 32507**

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

TITLE **V** ☐ Delete
NAME **ROMERO, JUAN**
STREET ADDRESS **1063 HOOPER AVE**
CITY-ST-ZIP **PALM BAY FL**

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

TITLE **T** ☐ Delete
NAME **MANZANO, LILLIAM**
STREET ADDRESS **1166 COTTON RD**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Francisco Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

321 724-4937

Daytime Phone #

CR2E037 (9/01)