

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90012 023 ****70.00

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1. Entity Name

CENTRO DE ADORACION ADONAI, INC.

Principal Place of Business

11126 WINDHAVEN DR. S.
 JACKSONVILLE FL 32225
 US

Mailing Address

P. O. BOX 8453
 JACKSONVILLE FL 32239
 US

549778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2016 Anniston Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

4. FEI Number

59-3466747

Applied For

Not Applicable

Zip

32246

Country

US

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

FERNANDEZ, HECTOR REV
11126 WINDHAVEN DR. S.
JACKSONVILLE FL 32225

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	Change	Addition
D	FERNANDEZ, HECTOR REV	11126 WINDHAVEN DR. S	JACKSONVILLE FL 32225	<input type="checkbox"/>	<input type="checkbox"/>
D	FERNANDEZ, DELBIS N.	11126 WINDHAVEN DR. S	JACKSONVILLE FL 32225	<input type="checkbox"/>	<input type="checkbox"/>
D	ORTIZ, HECTOR	11118 COLDFIELD DR.	JACKSONVILLE FL 32246	<input type="checkbox"/>	<input type="checkbox"/>
D	ROSARIO, RITA	6219 PINELOCK DR.	JACKSONVILLE FL 32211	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Delbis N. Fernandez* **Delbis N. Fernandez** 04-27-01 (904) 379-1840

CR2E037 (10/00)