


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002085			
1. Entity Name CENTRO DE ADORACION ADONAI, INC.			
Principal Place of Business 2016 ANDSTON RD JACKSONVILLE, FL 32246 US		Mailing Address P. O. BOX 8453 JACKSONVILLE, FL 32239 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>1251 Fromage Way</i>		Suite, Apt. #, etc. <i>PO Box 350703</i>	
City & State <i>Jacksonville, Florida</i>		City & State <i>Jacksonville Florida</i>	
Zip <i>32225</i>		Zip <i>32235</i>	
County <i>Duval</i>		County <i>Duval</i>	
4. FEI Number 59-3486747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, HECTOR REV 11126 WINDHAVEN DR. S. JACKSONVILLE, FL 32226		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Hector Fernandez</i> Hector Fernandez-Director 02-25-03			
Signature, typewrite printed name of registered agent and IRS 1 applicable. (NOTE: Registered Agent signature required when electing) DATE			
FILE NOW: FEES IN \$5 / 25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D FERNANDEZ, HECTOR REV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11126 WINDHAVEN DR. S	NAME	50001438014
STREET ADDRESS	JACKSONVILLE, FL 32226	STREET ADDRESS	03/19/03--01070--007 *
CITY-ST-ZIP		CITY-ST-ZIP	0.00
TITLE	D FERNANDEZ, DELBIS N. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11126 WINDHAVEN DR. S	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32226	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ROSARIO, RITA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8219 PINELOCK DR.	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32211	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CRUZ, NELSON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2334 MISTY DR	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32211	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Delbis N Fernandez</i> Delbis N Fernandez 02-25-03 904-399-1840			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #			

CREATED BY