

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003079

1. Entity Name

HISPANIC CENTER OF CHRISTIAN LOVE, INC.

Principal Place of Business

12516 ROCKRIDGE ROAD
LAKELAND FL 33809

Mailing Address

12516 ROCKRIDGE ROAD
LAKELAND FL 33809-0961

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3487083

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BENJAMIN
12516 ROCKRIDGE RD
LAKELAND FL 33809

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

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 PD
NAME PEREZ, BENJAMIN REV.
STREET ADDRESS 12516 ROCKRIDGE ROAD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE SD
NAME LEFRANC, GLORIA
STREET ADDRESS 12516 ROCKRIDGE ROAD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE TD
NAME MARONO, TERESA
STREET ADDRESS 12516 ROCKRIDGE ROAD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *Rev. Benjamin W. Perez* REQUIRED *Benjamin W. Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 (863)-815-2693
Date Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90079 038 ****75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)