

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

AMENDED REPORT

DOCUMENT # N97000003376

1. Entity Name

Commissioned International Church, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

608 W. Oakland Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 930

Suite, Apt. #, etc.

City & State

Oakland, FL

City & State

Oakland, FL

Zip

34760

Country

US

Zip

34760

Country

US

4. FEI Number

59-3451478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Joshua Fowler

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

13949 Fox Glove St.

City

Winter Garden

FL

Zip Code

34787

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

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

Joshua Fowler, Pres.

(NOTE: Registered Agent signature required when reinstating)

11-26-03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P/D  
Fowler, Joshua  
STREET ADDRESS  
13949 Fox Glove St.  
CITY-ST-ZIP  
Winter Garden, FL 34787

TITLE  
NAME  
D  
Fowler, Deborah Ashley  
STREET ADDRESS  
13949 Fox Glove St.  
CITY-ST-ZIP  
Winter Garden, FL 34787

TITLE  
NAME  
D  
Olmedo, Samuel  
STREET ADDRESS  
14029 Fox Glove St.  
CITY-ST-ZIP  
Winter Garden, FL 34787

TITLE  
NAME  
S/D  
Olmedo, Dana  
STREET ADDRESS  
14029 Fox Glove St.  
CITY-ST-ZIP  
Winter Garden, FL 34787

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**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

Dana Olmedo

11-16-03

Date

407-654-3344

Daytime Phone #

FILED  
03 DEC 11 AM 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E037B (12/02)