

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90134 012 ****61.25

DOCUMENT # N97000003417

1. Entity Name

CHRISTIAN CONGREGATION IN THE UNITED STATES. (OR

Principal Place of Business

Mailing Address

**2034 GAMBOGE DR
 ORLANDO FL 32822**

**2034 GAMBOGE DR
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

445 N. FORSYTH Rd.

445 N. FORSYTH Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO, FL

ORLANDO FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3368267**

Applied For
 Not Applicable

Zip
38807

Country
USA

Zip
32807

Country
USA

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

**CALEGARI, JOAO
 2034 GAMBOGE DR
 ORLANDO FL 32822**

Name **MARCIO P. SILVA**

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

1250 N. ROMA WAY

City **KISSIMMEE**

FL

Zip Code **34746**

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

[Handwritten Signature]

2-24-01

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 **D** Delete
 NAME **SILVA, MARCIO P**
 STREET ADDRESS **1250 N ROMA WAY**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DA SILVA, MAURICIO A**
 STREET ADDRESS **5875 SUNDOWN CIR #1118**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME **DARSENIO SIMOES JR**
 STREET ADDRESS **3106 RIVER BRANCH CIR.**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **D** Delete
 NAME **CALEGARI, JOAO**
 STREET ADDRESS **2034 GAMBOGE DR**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** Change Addition
 NAME **JOSE GONZALEZ**
 STREET ADDRESS **1105 MCKINNON AVE.**
 CITY-ST-ZIP **OVIEDO FL. 32765**

TITLE **TD** Delete
 NAME **CLEMENTE, RIVALDO R**
 STREET ADDRESS **8248 AMBROSE COVE WAY #16**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-01

Date Daytime Phone #

CR2E037 (10/00)