

DOCUMENT # N97000006908

1. Entity Name

THE IGLESIA HOSANNA INC. OF THE CHRISTIAN AND MI

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90004 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

306 W LANCASTER ROAD  
ORLANDO FL 32809

3261 MAJESTIC OAKS DR  
ST CLOUD FL 34771-7803

2. Principal Place of Business

14500 Landstar Blvd.

3. Mailing Address

SAME ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

4. FEI Number

59-3430317

Applied For

Not Applicable

Zip

34743

Country

ORANGE

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

BRULL, PEDRO  
3261 MAJESTIC OAKS DR  
ST CLOUD FL 34771

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

*Pedro Brull*

*Pedro Brull*

4-27-00

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	<input type="checkbox"/> Delete
PD	BRULL, PEDRO	3261 MAJESTIC OAKS DR	ST CLOUD FL 34771	<input type="checkbox"/>
TD	CARMENATE, JOSE	719 GALS WORTHY AVE	ORLANDO FL 32809	<input checked="" type="checkbox"/>
VD	SANTIAGO, CARLOS	1675 NESTLE WOOD TL.	ORLANDO FL 32837	<input checked="" type="checkbox"/>
SD	OLIVO, PEDRO	5332 MILL STREAM DR	ST CLOUD FL 34771	<input type="checkbox"/>
D	ALVAREZ, HAROLD	2696 LA ALAMEDA AVE	KISSIMMEE FL 34746	<input type="checkbox"/>
D	LAUREANO, MARIA	2003 SHANNON LAKE CT	KISSIMMEE FL 34743	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	MATILDE SANTIAGO	11744 OTTAWA AVE	ORLANDO, FL. 32837	<input checked="" type="checkbox"/>
VD	HECTOR SANTIAGO	100 MOSS BLUFF RD.	KISSIMMEE, FL. 34746	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	NORMA CRUZ	2144 OPILANA ST.	ORLANDO, FL. 32837	<input checked="" 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

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

(407) 870-7324

Daytime Phone #

CR2E037 (9/99)