

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90013 002 ****61.25

DOCUMENT # N98000001538

1. Entity Name

ACTUAL MISSION CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

1616 EAST COLONIAL DR.
 SUITE 102
 ORLANDO FL 32803

6150 SANDCREST CIRCLE
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

1516 E Colonial Dr.

5436 Spring Run Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO - FL

ORLANDO - FL

4. FEI Number

59-3504334

Applied For

Not Applicable

Zip

Country

32803

USA

Zip

Country

32819

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

USA, MIZUHA
 6150 SANDCREST CIRCLE
 ORLANDO FL 32819

Name

LISA, MIZUHA

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

5436 Spring Run Av.

City

ORLANDO

FL

Zip Code

32819

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)

04-01-02

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	P	<input type="checkbox"/> Delete
NAME	LISA, MIZUHA	
STREET ADDRESS	6150 SANDCREST CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	LISA, ROQUE	
STREET ADDRESS	6150 SANDCREST CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, EDUARDO H	
STREET ADDRESS	3391 SOUTH KIRKMAN RD.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	POSSE, RICHARD	
STREET ADDRESS	213 JEMOND CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA, MIZUHA	
STREET ADDRESS	5436 Spring Run Av.	
CITY-ST-ZIP	ORLANDO - FL - 32819	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, VOLTAIRE	
STREET ADDRESS	8713 Catbriam Bay Way	
CITY-ST-ZIP	ORLANDO - FL - 32829	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA, ROQUE	
STREET ADDRESS	5436 Spring Run Av.	
CITY-ST-ZIP	ORLANDO FL - 32819	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA, DANIELA	
STREET ADDRESS	5436 Spring Run Av.	
CITY-ST-ZIP	ORLANDO - FL - 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

04-01-02

CR2E037 (9/01)

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