

DOCUMENT # N98000005104

1. Entity Name

INTERNATIONAL ASSOCIATION OF DOCTORS OF THEOLOGY

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90063 029 ****70.00

Principal Place of Business

Mailing Address

126 E COLONIAL DR
ORLANDO FL 32801
US

126 E COLONIAL DR
ORLANDO FL 32801-1234
US

2. Principal Place of Business

3. Mailing Address

DR. JESUS D. SILVA ALAMO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10001 CREEKWAY BLVD.

P.O. BOX 721775

City & State

City & State

ORLANDO, FLORIDA

ORLANDO, FLORIDA

Zip

Country

Zip

Country

32825

ORANGE

32872-1775

ORANGE



DO NOT WRITE IN THIS SPACE

59-3565252

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

ALAMO, JESUS D. S
706 TRAILWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS ALAMO, JESUS D S
CITY-ST-ZIP 706 TRAILWOOD DRIVE
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PINEIRO, AGUSTIN
CITY-ST-ZIP 10719 GARDENWOOD RD
ORLANDO FL 32837

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TORRES, ANGEL J
CITY-ST-ZIP 929 WESSON DR
CASSELBERRY FL 32707

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ORTIZ, RAMON
CITY-ST-ZIP 14625 LONE EAGLE DR
ORLANDO FL 32837

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NUNEZ, VOLTAIRE
CITY-ST-ZIP 8713 CATBRAIR BAY WAY
ORLANDO FL 32829

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:

Jesus D. Silva Alamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2000

Date

(407) 249-2688

Daytime Phone #

CR2E037 (9/99)