

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90042 049 ****70.00

DOCUMENT # N99000001272

1. Entity Name

CHURCH OF GOD SHALOM ADONAI, INC.

P

ADU75136



DO NOT WRITE IN THIS SPACE

Principal Place of Business

420 S.E. 17TH ST.
OCALA FL 34471

Mailing Address

420 S.E. 17TH ST.
OCALA FL 34471

2. Principal Place of Business

217 NE 13 st

3. Mailing Address

Box 830602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OCALA

Ocala, flo.

City & State

OCALA, FLO.

City & State

4. FEI Number

59-3539334

Applied For

Not Applicable

Zip

Country

Zip

Country

34472

MARION

34482

Marion

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

MARIN, LILI
420 S.E. 17TH ST.
OCALA FL 34471

Name

LILLY MARIN

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

59 Banyan Crs

Ocala

City

FL

Zip Code

34472

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 LILLY MARIN

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

(NOTE: Registered Agent signature required when reinstating)

8/30/00.

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 MARIN, LILI
CITY-ST-ZIP 59 BANYAN CORSE
OCALA FL 34472

TITLE ☐ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS 59 Banyan Course
CITY-ST-ZIP ocala, Fl. 34472.

TITLE ☐ Delete
NAME D
STREET ADDRESS FREYTES, CARMEN
CITY-ST-ZIP 9 ALOMND RD.
OCALA FL 34472

TITLE ☐ Change ☐ Addition
NAME TREASURE
STREET ADDRESS Carmen Freytes
CITY-ST-ZIP 9 Almond Rd.
OCALA, FL. 34472.

TITLE ☐ Delete
NAME D
STREET ADDRESS MARIN, JUAN
CITY-ST-ZIP 59 BANYAN CORSE
OCALA FL 34472

TITLE ☐ Change ☐ Addition
NAME Vice president
STREET ADDRESS Juan Marin
CITY-ST-ZIP 59 Banyan Course, Ocala, Fl.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS Doranely Osorio
CITY-ST-ZIP 11430 N.W. 20st. Ocala, Fl. 34482.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)