2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2002 8:00 am DOCUMENT # N99000001961 1. Entity Name **Secretary of State** CHURCH OF GOD, FIRE ON THE ALTAR, INC. 03-26-2002 90016 006 ****70.00 Principal Place of Business Mailing Address ORLANDO FL 32807 OK anche, 71 32807 40-0 Gaston Foster RD ORLANDO FL 32807 ORLANDO FL 32807 431-0 GASTON Principal Place of Busine 3. Mailing Address 131-0 GASTON Foster 431-0 GASTON Suite, Apt. #, etc. **STE - の** Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste - 0 City & State City & State 4. FEI Number Applied For ORIAN90 x/anab 59-3564204 Not Applicable Country Zip Country \$8.75 Additional 32807 5. Certificate of Status Desired 32807 OR ANGE OR A 116E Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CELESTRIN, IVETTE 1446-D W. HOLDEN AVE ORLANDO FL 32839 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT - DIRECTOR - SENIOR - Change Addition TITLE PD ☐ Delete TITLE Celestrin HilArio NAME NAME CLESTRIN, HILARIO 1446-D W. Holden Ave. STREET ADDRESS STREET ADDRESS 1446-D W. HOLDEN AVENUE CITY-ST-ZIP CITY-ST-ZIP oriando. ORLANDO FL 32839 Delete TITLE Change TITI F TREASURER P. NERD NAME 15 mael NAME RIVERA, NANCY REDMANST. STREET ADDRESS STREET ADDRESS 1437 CRICKET CLUB CIRCLE CITY-ST-ZIP CITY-ST-7IP ORIANDO Orlando FL 32828 Vice President- Co Pastor Tuette Celestrin Director **Addition** ☐ Change ☐ Delete TITLE TITLE ۷D NAME CELESTRIN, IVETTE NAME 1446-D Withown AVE ORIANDO, PL 3283 STREET ADDRESS STREET ADDRESS 1446-D W. HOLDEN AVENUE CITY-ST-7IP CITY-ST-ZIP <u>Orlando FL 328</u>39 Delete ☐ Addition TITLE Change TITLE NAME NAME RIVERA, PAPITA STREET ADDRESS STREET ADDRESS 1437 CRICKET CIRCLE CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32828 SecretARY-DIRECTIA Addition ☐ Delete TITLE Change TITLE Cunthia REID, CYNTHIA NAME REID STREET ADDRESS STREET ADDRESS 1108 REDMAN ST 1108 CITY-ST-ZIP 32*809* CITY-ST-ZIP Orlando FL 32809 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 1.8m SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date