2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90078 049 ****66.25

DOCUMENT # N99000003423

1. Entity Name

WORLD FAMILY LOVE MISSIONS, INC.

Principal Place of Business	Mailing Address
1322 HOFFNER AVE. ORLANDO FL 32809	1322 HOFFNER AVE. ORLANDO FL 32809-3516

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1316 Hoffner Ave.	1322 Hoffner Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Orlando, Fl.
City & State: Orlando, Fl.	City & State: Orlando
Zip: 32809 Country: USA	Zip: 32809 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARVAJAL, ANA M
1316 HOFFNER AVE.
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name: N/A

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D President & Managing Director CARVAJAL, ANA M 1316 HOFFNER AVE. ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Chairman Martha Figueroa Pl. 1000 Deddington Pl. Kissimmee, Fl. 34758
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARREDONDO, SANDALIO E 5014 DOCKSIDE DR. ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary (English) Dolores Collazo Pl. 1000 Deddington Pl. Kissimmee, Fl. 34758
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, JUDITH 2215 SIMPSON RIDGE CIRCLE APT. B. KISSIMMEE FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Vice-President (Spanish) Naomi Perez 478 Boxwood Ct. Kissimmee, Fl. 34743
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D. Elsa Velez ACOSTA, CARLOS 814 FRUITWOOD DR. 660 Royalty Ct. KISSIMMEE FL 34743 Kissimmee, Fl. 34758	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Carmen Felix 609 Caribou Ct. Kissimmee, Fl. 34759
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer CARVAJAL, JOHN G 1316 HOFFNER AVE. ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director V.P. Esmael Velez 660 Royalty Ct. 34758 Kissimmee, Fl.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary (Spanish) (407) 226 0965 MEJIA, GABRIELA 2115 LAKE TIBOLI, APT.#K 4732 Walden Circle KISSIMMEE FL 34741 #1237 Orl. Fl. 32811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director T. Carlos Figueroa 1000 Deddington Pl. Kissimmee, Fl. 34758

CR2E037 (9/99)

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 3-31-00 (407) 859 2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #