2000 UNIFORM BUSINESS REPORT (UBR)

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

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
Suite, Apt. #, etc.: 1316 Hoffner Ave.	Suite, Apt. #, etc.: 1322 Hoffner Ave
City & State: Orlando, Fl.	City & State: Orlando, Fl.
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	7. Name and Address of New Registered Agent
CARVAJAL, ANA M 1316 HOFFNER AVE. ORLANDO FL 32809	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 _____
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	D President & Managing Director ☐ Delete	TITLE	Chairman ☐ Change ☒ Addition
NAME	CARVAJAL, ANA M	NAME	Martha Figueroa
STREET ADDRESS	1316 HOFFNER AVE.	STREET ADDRESS	1000 Deddington Pl.
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	Kissimmee, Fl. 34758
TITLE	D ☒ Delete	TITLE	Secretary (English) ☐ Change ☒ Addition
NAME	ARREDONDO, SANDALIO E	NAME	Dolores Gollazo
STREET ADDRESS	5014 DOCKSIDE DR.	STREET ADDRESS	1000 Deddington Pl
CITY-ST-ZIP	ORLANDO FL 32822	CITY-ST-ZIP	Kissimmee, Fl. 34758
TITLE	D ☒ Delete	TITLE	Vice-President (Spanish) ☐ Change ☒ Addition
NAME	GONZALEZ, JUDITH	NAME	Naomi Perez
STREET ADDRESS	2215 SIMPSON RIDGE CIRCLE APT. B.	STREET ADDRESS	478 Boxwood Ct.
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	Kissimmee, Fl. 34743
TITLE	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	ACOSTA, CARLOS	NAME	Carmen Felix
STREET ADDRESS	814 FRUITWOOD DR.	STREET ADDRESS	609 Caribou Ct.
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP	Kissimmee, Fl. 34759
TITLE	D Treasurer ☐ Delete	TITLE	Director, V.P. ☐ Change ☒ Addition
NAME	CARVAJAL, JOHN G	NAME	Ismael Velez
STREET ADDRESS	1316 HOFFNER AVE.	STREET ADDRESS	660 Royalty Ct.
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	Kissimmee, Fl. 34758
TITLE	D Secretary (Spanish) ☒ Delete	TITLE	Director, T. ☐ Change ☒ Addition
NAME	MEJIA, GABRIELA (407) 226 0965	NAME	Carlos Figueroa
STREET ADDRESS	2115 LAKE TIBOLI, APT.#K 4732 Walden Circle	STREET ADDRESS	1000 Deddington Pl.
CITY-ST-ZIP	KISSIMMEE FL 34741 #1237 Orl. Fl. 32811	CITY-ST-ZIP	Kissimmee, Fl. 34758

Elsa Velez 660 Royalty Ct. Kissimmee, Fl. 34758

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 #

CR2E037 (9/99)