

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90324 039 ****61.25

0010935

DOCUMENT # N99000005976

1. Entity Name
MISSIONARY CHRISTIAN CHURCH A&G, INC.



Principal Place of Business
**2025 SHEELER AVE
APOPKA FL 32703**

Mailing Address
**2025 SHEELER AVE
APOPKA FL 32703**

2. Principal Place of Business **Same**

3. Mailing Address **Same**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3609773**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIBERIO, JIMMY
2333 SWEETAIRE CT.
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIBERIO, JIMMY 2025 SHEELER AVE APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENKE, RONALD K 2025 SHEELER AVE APOPKA FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAMBLANCO, LINDA W 2025 SHEELER AVE APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TD
Awilda Pabon
2025 Sheeler Ave
Apopka FL 32703

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

4-18-03 407-889-2978

CR2E037 (10/02)