

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90045 006 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000007006

1. Entity Name

ORLANDO NEW HOPE CHURCH, INC.

Principal Place of Business

Mailing Address

955 S. KIRKMAN ROAD. #112
 ORLANDO FL 32811

955 S. KIRKMAN ROAD. #112
 ORLANDO FL 32811

2. Principal Place of Business

9600 WEST COLONIAL DR.

Suite, Apt. #, etc.

3. Mailing Address

9600 WEST COLONIAL DR.

Suite, Apt. #, etc.

City & State

OCFEE, FL

City & State

OCFEE, FL

4. FEI Number

59-3629589

Applied For

Not Applicable

Zip

34761

Country

ORANGE

Zip

34761

Country

ORANGE

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

PORTO, WESLEY GALVAO
 955 S. KIRKMAN ROAD, #112
 ORLANDO FL 32811

Name PORTO, WESLEY GALVAO

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

9600 WEST COLONIAL DR.

City OCFEE

FL

Zip Code

34761

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	PD	<input type="checkbox"/> Delete
NAME	PORTO, WESLEY GALVAO	
STREET ADDRESS	955 S. KIRKMAN ROAD, #112	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SORGER, NILDA	
STREET ADDRESS	2120 MO-HO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREIER, DWAYNE	
STREET ADDRESS	4501 OAK HAVEN DRIVE, #202	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wesley Galvao Porto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/04/00 (407) 421 9336

CR2E037 (9/99)