

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90230 024 \*\*\*\*61.25

DOCUMENT # N99000007006

1. Entity Name

ORLANDO NEW HOPE CHURCH, INC.

Principal Place of Business

8800 W COLONIAL DR
OC06E FL 34761

Mailing Address

8800 W COLONIAL DR
OC06E FL 34761

660077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3629589

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTO, WESLEY GALVAO
8800 WEST COLONIAL DR
OC06E FL 34761

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when rechartering)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PORTO, WESLEY GALVAO
STREET ADDRESS 955 S. KIRKMAN ROAD, #112
CITY-ST-ZIP ORLANDO FL 32811

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME SORGER, NILDA
STREET ADDRESS 2120 MO-HO DRIVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME FREIER, DWAYNE
STREET ADDRESS 4501 OAK HAVEN DRIVE, #202
CITY-ST-ZIP ORLANDO FL 32809

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 titles empowered.

SIGNATURE: Wesley Galvao Porto - PRES. WESLEY GALVAO PORTO
Date: 05/01/01
Daytime Phone #: 407 822 7774