

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90098 013 ****61.25

DOCUMENT # N99000007072

1. Entity Name

HISPANIC CHRISTIAN CHURCH ASSOCIATION OF CENTRAL
FLORIDA INC.

Principal Place of Business

1600 CHICKASAW TRAIL
ORLANDO FL 32825

Mailing Address

1600 CHICKASAW TRAIL
ORLANDO FL 32825

2. Principal Place of Business

4515 CURRY FORD RD

3. Mailing Address

P.O. BOX 721235

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

City & State

ORLANDO FL 32812

City & State

ORLANDO FL

4. FEI Number

59-3645761

Applied For

Not Applicable

Zip

32812

Country

ORANGE

Zip

32872

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYA, JOSE T
492 SHORT PINE CIR
ORLANDO FL 32807

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.

(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

TITLE SE
NAME MOYA, JOSE T
STREET ADDRESS PO BOX 574263
CITY-ST-ZIP ORLANDO FL 32857-4263 ☐ Delete

TITLE PD
NAME LOPEZ, LUIS
STREET ADDRESS 2550 S GOLDEN RD
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE SD
NAME RAUL, ANDINO
STREET ADDRESS ELMSTEAD, CT
CITY-ST-ZIP ORLANDO FL 32831 ☒ Delete

TITLE TD
NAME LAUREANO, DAVID
STREET ADDRESS 928 N DEAN RD
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME Rebecca Overstreet
STREET ADDRESS P.O. Box 450278
CITY-ST-ZIP Kissimmee, FL 34745 ☒ Change ☒ Addition

TITLE TD
NAME Joaquin Perez-Aponte
STREET ADDRESS 8670 Savory Dr.
CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Lopez

4/1/02

407 208 0007

Date

Daytime Phone #

CR2E037 (9/01)