

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90319 012 *****61.25

DOCUMENT # N99000007072

1. Entity Name

**HISPANIC CHRISTIAN CHURCH ASSOCIATION OF CENTRAL
FLORIDA INC.**



Principal Place of Business

**4515 CURRY FORD AVE
STE C
ORLANDO FL 32812**

Mailing Address

**PO BOX 721235
ORLANDO FL 32872**

2. Principal Place of Business

One Purlicu Place

3. Mailing Address

Suite, Apt. #, etc.

Suite 270

City & State

Winter Park

Zip
32792

Country
USA

Zip

Country

4. FEI Number **59-3645761**

Applied For

Not Applicable

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. 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

TITLE	SE	<input type="checkbox"/> Delete
NAME	MOYA, JOSE T	
STREET ADDRESS	PO BOX 574263	
CITY-ST-ZIP	ORLANDO FL 32857-4263	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, LUIS	
STREET ADDRESS	2550 S GOLDEN RD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OVERSTREET, REBECCA	
STREET ADDRESS	PO BOX 450278	
CITY-ST-ZIP	KISSIMMEE FL 34745	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOAQUIN, PEREZ-APONTE	
STREET ADDRESS	8670 SAVORY DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *JOAQUIN PEREZ-APONTE* 4-25-03 4076252449

CR2E037 (10/02)