## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#760889** 

May 03, 2005 Secretary of State

Entity Name: SOUTHEASTERN SPANISH DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 830 CALIFORNIA WOODS CIRCLE ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 830 CALIFORNIA WOODS CIRCLE ORLANDO, FL 32824 FEI Number: 59-1935588 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROJAS, RAMON J 830 CALIFORNIA WOODS CIR ORLANDO, FL 32824 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROSADO, ANGEL L Name: Name: Address: 103 PALM SPRING DRIVE Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: PD () Delete Title: () Change () Addition MARTINEZ, EDWARD Name: Name: Address: 1527 ANTIGUA DRIVE Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: () Delete Title: () Change () Addition ROJAS, RAMON J Name: Name: P.O. BOX 35794 Address: Address: City-St-Zip: GAINSVILLE, FL 32615 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: PEREZ, ORLANDO Name: Address: 901 ALSACE DR Address: City-St-Zip: KISSIMMEE, FL 34759 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RJR S 05/03/2005