

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2004
Secretary of State**

DOCUMENT# N01000001533

Entity Name: CENTRO CRISTIANO CASA DE ORACION ADORACION INC.

Current Principal Place of Business:

1920 E. CENTRLA FLORIDA PKWY
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

171 FLORAL DRIVE
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 59-3697380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORTES, MILDRED
171 FLORAL DR
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CORTES, MILDRED REV
Address: 171 FLORAL DR
City-St-Zip: KISSIMMEE, FL 34743

Title: SD () Delete
Name: CORTES, HECTOR N REV
Address: 171 FLORAL DR
City-St-Zip: KISSIMMEE, FL 34743

Title: FD () Delete
Name: FRANCKY, LIDA
Address: 482 ROYAL PALM
City-St-Zip: KISSIMMEE, FL 34743

Title: DUCC () Delete
Name: ROSA, JOSE
Address: 8722 TIERRA VISTA CR
City-St-Zip: KISSIMMEE, FL 34747

Title: DD () Delete
Name: FRANKY, EDUARDO A
Address: 482 ROYAL PALM
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: CORTEZ, SR., HECTOR M
Address: 11878 ATLAS DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MILDRED CORTES

D

04/05/2004

Electronic Signature of Signing Officer or Director

Date