

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2006  
Secretary of State**

DOCUMENT# N01000001533

Entity Name: CENTRO CRISTIANO CASA DE ORACION ADORACION INC.

**Current Principal Place of Business:**

C YPRESS ST.  
SUITE 205  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

159 IVY LANE  
APT. D-4  
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  
159 IVY LANE  
APT. D-4  
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: 159 IVY LANE APT. D-4  
City-St-Zip: KISSIMMEE, FL 34743

Title: SD ( ) Delete  
Name: CORTES, HECTOR M REV  
Address: 159 IVY LANE APT. D-4  
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: ESCOBAR, ANA GUISEIIE  
Address: 4049 PROMENADE SQ. DR. #3312  
City-St-Zip: ORLANDO, FL 32837

Title: DD ( ) Delete  
Name: ESCOBAR, CARLOS JOSE  
Address: 4049 PROMENADE SQ. DR. #3312  
City-St-Zip: ORLANDO, FL 32

Title: S ( ) Delete  
Name: CORTEZ, SR., HECTOR M  
Address: 11878 ATLIN 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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 Chapter 119, 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

02/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date