



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 017 ****61.25

DOCUMENT # N02000004713							
1. Entity Name CHURCH OF GOD SOUTHEASTERN HISPANIC REGION, INC.							
Principal Place of Business 7712 CHELSEA ST E TAMPA, FL 33610-5706			Mailing Address P.O. BOX 11735 TAMPA, FL 33680-1735 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip			
Country		Country		Country			
4. FEI Number 59-0766968				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WHITE, JOHN B ESQ. CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD, STE 1600 MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEREZ-SANCHEZ, MANUEL		NAME	Rafael Ruiz			
STREET ADDRESS	27509 BREAKERS DR.		STREET ADDRESS	501 Waterscape Way			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP	Orlando, FL 32828			
TITLE	TVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMOS, JOSE R		NAME				
STREET ADDRESS	17137 SW 38TH ST		STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR, FL 33028		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LABRA, CARLOS		NAME				
STREET ADDRESS	5838 COLLINS AVE. #5C		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARIAS, TONNY R		NAME				
STREET ADDRESS	10954 SW 157TH TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORRES, FLORENCIO		NAME				
STREET ADDRESS	12621 CRAYFORD AVE.		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVERA, LEMUEL		NAME				
STREET ADDRESS	5936 LAKE FRONT DR.		STREET ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 4/10/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				