


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002135 1. Entity Name CENTRO EVANGELISTICO JESUS ES EL SENOR, INC.	
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Principal Place of Business 2971 STILLWATER DRIVE KISSIMMEE, FL 34743	Mailing Address 2971 STILLWATER DRIVE KISSIMMEE, FL 34743
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1161463	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, CARLOS
 2971 STILLWATER DRIVE
 KISSIMMEE, FL 34743

DO NOT WRITE IN THIS SPACE

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
01/23/08-80003-021 70.00

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, CARLOS 2971 STILLWATER DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIGUEROA, DOLORES 2971 STILLWATER DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, DAFNE 2971 STILLWATER DRIVE KISSIMMEE, FL 34743
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____

61-16-2008 407-791-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #