


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

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90481 001 \*\*\*\*61.25  
 05-04-2006 90481 002 \*\*\*\*\*8.75

**DOCUMENT # N03000005988**

1. Entity Name  
**CENTRO DE ORIENTACION BIBLICA CHRISTIAN FELLOWSHIP, INC.**



Principal Place of Business  
**6953 CLOVIS ROAD  
 JACKSONVILLE, FL 32205**

Mailing Address  
**6953 CLOVIS ROAD  
 JACKSONVILLE, FL 32205**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**APPLIED FOR 57-2117658**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional-Fee Required

6. Name and Address of Current Registered Agent

**CHAVEZ, RAUL A REV.  
 6953 CLOVIS ROAD  
 JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAVEZ, RAUL A	
STREET ADDRESS	6953 CLOVIS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARMANDO VERA E.	
STREET ADDRESS	2204 ROBIN STREET	
CITY-ST-ZIP	MCALLEN, TX 78504	
TITLE	S	<input type="checkbox"/> Delete
NAME	VERA, MARIA L	
STREET ADDRESS	2204 ROBIN STREET	
CITY-ST-ZIP	MCALLEN, TX 78504	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENDOZA, ROSA A	
STREET ADDRESS	6953 CLOVIS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**  **4/3/06** **904-472-3904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #