

FILED
Apr 17, 2007 8:00 am
Secretary of State


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04-02-2007 90119 001 *****8.75
 04-02-2007 90119 002 *****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005988

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



Principal Place of Business Mailing Address
6953 CLOVIS ROAD 6953 CLOVIS ROAD
JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205

66009627



02262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
54-2117658 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

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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: **4-10-07**

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

Filing Fee is **\$61.25** Due by **May 1, 2007**

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	P CHAVEZ, RAUL A 6953 CLOVIS ROAD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMANDO VERA E. 2204 ROBIN STREET MCALLEN, TX 78504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERA, MARIA L 2204 ROBIN STREET MCALLEN, TX 78504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDOZA, ROSA A 6953 CLOVIS ROAD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Ruben Fern 304 Laurina St. Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: **4-10-07** Daytime Phone: _____

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