

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005988

FILED
May 10, 2008
Secretary of State

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

Current Principal Place of Business:

6953 CLOVIS ROAD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

6953 CLOVIS ROAD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 54-2117658 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAVEZ, RAUL A REV.
6953 CLOVIS ROAD
JACKSONVILLE, FL 32205 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: P () Delete
Name: CHAVEZ, RAUL A
Address: 6953 CLOVIS ROAD
City-St-Zip: JACKSONVILLE, FL 32205

Title: V () Delete
Name: ARMANDO VERA E.,
Address: 2204 ROBIN STREET
City-St-Zip: MCALLEN, TX 78504

Title: S () Delete
Name: VERA, MARIA L
Address: 2204 ROBIN STREET
City-St-Zip: MCALLEN, TX 78504

Title: T () Delete
Name: MENDOZA, ROSA A
Address: 6953 CLOVIS ROAD
City-St-Zip: JACKSONVILLE, FL 32205

Title: A () Delete
Name: FORN, RUBEN
Address: 324 LAURINA ST
City-St-Zip: JACKSONVILLE, FL 32216

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:

I hereby certify that the information supplied with this filing does not qualify 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: CHAVEZ RAUL A

Electronic Signature of Signing Officer or Director

REV

05/10/2008

Date