

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010817

FILED
Feb 11, 2006
Secretary of State

Entity Name: CENTRO CRISTIANO SHALOM - ASAMBLEAS DE DIOS - DAVENPORT, FLORIDA, INC.

Current Principal Place of Business:

44089 U.S. HWY 27
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

11538 BENTRY ST
ORLANDO, FL 32824

New Mailing Address:

PO BOX 2889
DAVENPORT, FL 33836

FEI Number: 14-1885017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIRADO, RICARDO JR
44089 U.S. HWY 27
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

CABA, ABIUD
108 PINE BARK WAY
KISSIMMEE, FL 34758 US

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: ABIUD CABA

02/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIRADO, RICARDO PASTOR
Address: 44089 U.S. HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: SEC () Delete
Name: GONZALEZ, WALESKA J SEC/TRE
Address: 44089 U.S. HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABA, ABIUD PASTOR
Address: 108 PINE BARK WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC (X) Change () Addition
Name: LUZUNARIS, MARIA
Address: 17104 WOODCREST WAY
City-St-Zip: CLERMONT, FL 34714

Title: TRE () Change (X) Addition
Name: PINEIRO, ANGIE
Address: 139 SPOONBILL CT
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the 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: ABIUD CABA

PD

02/11/2006

Electronic Signature of Signing Officer or Director

Date