

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004867
 1. Entity Name
IGLESIA DE CRISTO SENDERO DE ESPERANZA, CORP



Principal Place of Business
18445 IRIS ROAD
FORT MYERS, FL 33912

Mailing Address
18445 IRIS ROAD
FORT MYERS, FL 33912



04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1673485 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LICARDIE ARMAS, CAMILO A
4858 24TH SW.
LEHIGH ACRES, FL 33971

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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

(Signature of Camilo Licardie)

04/04/06

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, 2006

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
PO
LICARDIE SOTO, CAMILO R
18487 E SHORE DR
FT MYERS, FL 33912

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
LOPEZ, ALEJANDRO
9124 CYPRESS DR., NORTH
FT MYERS, FL 33912

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
LICARDIE ARMAS, CAMILO A
4858 24TH SW.
LEHIGH ACRES, FL 33971

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000496297
 04/22/06-80031-016 61.25

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:

(Signature of Camilo Licardie)

04/04/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #