


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N41938
 1. Entity Name
CHRIST ANGLO-HISPANIC UNITED METHODIST CHURCH, INC.



Principal Place of Business
5240 CURRY FORD RD
ORLANDO, FL 32812

Mailing Address
5240 CURRY FORD RD
ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3041983

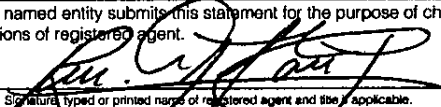
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARAY, ANGEL L
5240 CURRY FORD RD.
ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **7/11/2006**

Filing Fee is \$61.25
Due by September 6, 2006

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

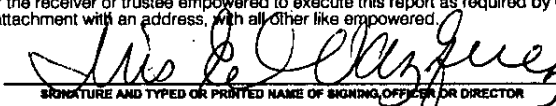
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVIEDO, MARTHA 6904 LONGNEEDLE CT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMPSON, CARLOS 6100 MARGIE CT ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FEDERICO 5970-101 SCOTHWOOD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOVERA, ARIEL 3109 HERITAGE PARK WAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HERNANDEZ, JOSEFA 8701 TALL PINE LN ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, IRIS 7998 MERRIMACK COVE DR ORLANDO, FL

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U00000570651
 07/18/06-80004-006 61.25

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:  **7-11-06** **407-380-0189**

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