

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90081 042 ****61.25

DOCUMENT # N94000003656

1. Entity Name

CEMI WORLD OUTREACH, INC.



Principal Place of Business

**6959 TORRES ST
JACKSONVILLE FL 32210
US**

Mailing Address

**6959 TORRES DR.
JACKSONVILLE FL 32210**

94068460



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3263138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANDELARIA, JESSE L
2923 WATERS VIEW CIR
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CANDELARIA, JESSE L**
STREET ADDRESS **2923 WATERS VIEW CIR**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VD** ☐ Delete
NAME **CORTES, EDMAR D**
STREET ADDRESS **4408 SUMMER HAVEN BLVD S**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **S** ☐ Delete
NAME **CENTENO, EDUARDO**
STREET ADDRESS **8443 METTO RD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **T** ☐ Delete
NAME **GOMEZ, RYAN BRIX T**
STREET ADDRESS **7137 EAGLES PERCH DR**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **M** ☐ Delete
NAME **ESCOBAR, ALWIN B**
STREET ADDRESS **269 SUMMER SPRINGS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ryan Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20 2004

Date

904/636-1745

Daytime Phone #