

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90019 008 ****70.00

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**

14018833



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3263138

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CENTENO, EDUARDO M**

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

8349 STELLING DR. S.

City **JACKSONVILLE, I** FL Zip Code **32244**

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

CENTENO, EDUARDO M (SECRETARY)

July 01, 2005

**Filing Fee is \$61.25
Due by September 7, 2005**

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 **CANDELERIA, 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 **VD** ☒ Change ☐ Addition
NAME **CORTES, EDMAR D**
STREET ADDRESS **14527 CHERRY LAKE DR. EAST**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **S** ☒ Change ☐ Addition
NAME **CENTENO, EDUARDO M**
STREET ADDRESS **8349 STELLING DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **T** ☒ Change ☐ Addition
NAME **GOMEZ, RYAN BRIX T**
STREET ADDRESS **6229 APOPCA CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **M** ☒ Change ☐ Addition
NAME **ESCOBAR, ALWIN B**
STREET ADDRESS **3010 OAKLAND COURT**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE ☐ Change ☐ Addition
NAME
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:

CENTENO, EDUARDO M

July 01, 2005 (904) 771-3097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #