FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:55

DOCUMENT # P35635 (2)

1. Corporation Name
CHURCH OF SOLDIERS OF THE CROSS OF CHRIST OF THE STATE OF CALIFORNIA, A CORPORATION SOLE

Principal Place of Business	Mailing Address
6466 FOSTER BRIDGE RD. BELL GARDENS CA 90201 US	6466 FOSTER BRIDGE RD. BELL GARDENS CA 90201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 02/15/1994
4. FEI Number: 95-4271655 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ORTIZ, THELMA
15231 SW 297 ST.
LEISURE FL 33033

10. Name and Address of New Registered Agent

81 Name: GONZALO URZUA
82 Street Address (P.O. Box Number is Not Acceptable): 144 N.E. 9th. CT. # 3
83
84 City: HOMESTEAD FL 85 Zip Code: 33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: GONZALO URZUA — Signature, typed or printed name of registered agent and title if applicable.
Gonzalo Urzua — (NOTE: Registered Agent signature required when reinstating)
DATE: 1-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ROLANDO	1.2 NAME	
STREET ADDRESS	6466 FOSTER BRIDGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELL GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VCTD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIVERA, CESAR	2.2 NAME	
STREET ADDRESS	6466 FOSTER BRIDGE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELL GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ZEPEDA, LUIS	3.2 NAME	
STREET ADDRESS	6466 FOSTER BRIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELL GARDENS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROLANDO GONZALEZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Gonzalez — 1-23-95 (Date) — (310) 927-1882 (Daytime Phone #)

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