

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90002 018 \*\*\*\*70.00

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|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # N94000003656</b>  |                                 |  |  |  |  |
| <b>1. Entity Name</b><br>CEMI WORLD OUTREACH, INC./CHRIST IS THE ANSWER CHURCH  |                                 |  |  |  |  |
| <b>Principal Place of Business</b><br>6959 TORRES ST<br>JACKSONVILLE, FL 32210 US   |                                 |  | <b>Mailing Address</b><br>6959 TORRES DR.<br>JACKSONVILLE, FL 32210  |  |  |
| <b>2. Principal Place of Business</b>   |                                 | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                                 | City & State   |  |  |  |
| Zip   | Country                         | Zip  | Country  | 07312006 Chg-NP CR2E037 (4/06)   |  |
| <b>4. FEI Number</b><br>59-3263138  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |                                 |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CENTENO, EDUARDO M.<br>8349 STELLING DRIVE SOUTH<br>JACKSONVILLE, FL 32244  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                    |  |  |
| <b>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.</b><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>SIGNATURE</b><br/> <br/> <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>CENTENO, EDUARDO M. (SECRETARY)</b> </div> <div style="width: 25%; text-align: right;"> <b>JULY 31, 2006</b><br/> <small>DATE</small> </div> </div> |                                 |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>   |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |                                 |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>CANDELARIA, JESSE L<br><b>STREET ADDRESS</b><br>2923 WATERS VIEW CIR<br><b>CITY-ST-ZIP</b><br>ORANGE PARK, FL 32073  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>PD<br><b>NAME</b><br>CANDELARIA, JESSE L<br><b>STREET ADDRESS</b><br>785-1 OAKLEAF PLANTATION PKWY<br><b>CITY-ST-ZIP</b><br>UNIT 832 ORANGE PARK, FL 32065 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>CORTES, EDMAR D<br><b>STREET ADDRESS</b><br>14527 CHERRY LAKE DRIVE EAST<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32258   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>CENTENO, EDUARDO<br><b>STREET ADDRESS</b><br>8349 STELLING DRIVE SOUTH<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32244  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>GOMEZ, RYAN BRIX T<br><b>STREET ADDRESS</b><br>6229 APOPCA COURT<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32258  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>T<br><b>NAME</b><br>GOMEZ, RYAN BRIX T<br><b>STREET ADDRESS</b><br>6229 APOPCA CT<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32258                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>M<br><b>NAME</b><br>ESCOBAR, ALWIN B<br><b>STREET ADDRESS</b><br>3010 OAKLAND COURT<br><b>CITY-ST-ZIP</b><br>ORANGE PARK, FL 32065  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>DAVID, BIENVENIDO JR. R<br><b>STREET ADDRESS</b><br>6959 TORRES DR.<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32210  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>VD<br><b>NAME</b><br>DAVID, BIENVENIDO JR. R<br><b>STREET ADDRESS</b><br>6959 TORRES DR.<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32210                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>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.</b>  |                                 |  |  |  |  |
| <b>SIGNATURE:</b> <b>CENTENO, EDUARDO M</b> <b>July 31, 2006</b> <b>(904) 771-3097</b>  |                                 |  |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |  |  |  |  |