

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004058

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC8709075441**

**Entity Name:** COMUNIDAD CRISTIANA HOSANNA INC.

**Current Principal Place of Business:**

484 EMERALD RD  
OCALA, FL 34472

**Current Mailing Address:**

484 EMERALD RD  
OCALA, FL 34472 US

**FEI Number:** 27-2558994

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JIMENEZ, MANUEL DPASTOR  
8793 SE 61ST AVE  
OCALA, FL 34472 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MANUEL, JIMENEZ DPASTOR  
Address 8793 SE 61ST AVE  
City-State-Zip: Ocala FL 34472

Title VP  
Name DEJIMENEZ, DELICIA LASSIST.  
Address 8793 SE 61ST AVE  
City-State-Zip: Ocala FL 34472

Title TREASURER  
Name ROSARIO, JUANA  
Address 11207 SE HWY 464  
City-State-Zip: Ocala FL 34472

Title TRUSTEE  
Name RAMOS, MANUEL TREASUR  
Address 10 CEDAR TREE RUN  
City-State-Zip: Ocala FL 34472

Title SECRETARY  
Name VASQUEZ, ELIZABETH  
Address 484 EMERALD RD  
City-State-Zip: Ocala FL 34472

Title TRUSTEE  
Name LOPEZ, RAUL  
Address 484 EMERALD RD  
City-State-Zip: Ocala FL 34472

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANUEL D JIMENEZ

**PASTOR**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date