

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 714378 1. Entity Name MISSIONARY CHRISTIAN CHURCH, INC.					
Principal Place of Business 695 CALIPH ST OPA-LOCKA FL 33054 US			Mailing Address 15330 NW 28TH CT OPA-LOCKA FL 33054 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2788475	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ORTEGA, SANTOS 15330 NW 28 CT OPA-LOCKA FL 33054				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 terminating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANTOS, ORTEGA		NAME		
STREET ADDRESS	15330 NW 28 COURT		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORTEGA, SANTOS		NAME		
STREET ADDRESS	15330 N.W. 28TH COURT		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLLAZO, MANUEL		NAME		
STREET ADDRESS	6781 CODY ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORTEGA, ANGELICA		NAME		
STREET ADDRESS	15330 NW 28 CT		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAEZ, JOSEFA		NAME		
STREET ADDRESS	140 N 72 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: _____

Santo Ortega