

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 746270

1. Entity Name
CHRISTIAN MISSION FOLLOWERS OF CHRIST, INC.



Principal Place of Business
**250 CORY AVENUE N.E.
PALM BAY, FL 32907**

Mailing Address
**250 CORY AVENUE N.E.
PALM BAY, FL 32907**



01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
66-0379878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMERO, FRANCISCO
250 CORY AVENUE N.E.
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000011951
01/23/04-80059-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROMERO, FRANCISCO REV.
STREET ADDRESS	250 CORY AVENUE N.E.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VD
NAME	ROMERO, FRANK M
STREET ADDRESS	WAVECREST AVENUE N.E.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD
NAME	MANZANO, ADA N
STREET ADDRESS	250 CORY AVENUE N.E.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	TD
NAME	SERRANO, JOSUE
STREET ADDRESS	CARR 149 KM 18.7 BO. PESAS SECTOR
CITY-ST-ZIP	CAPILLA CIALES, PUERTO RICO, 00638
TITLE	V
NAME	SUSTACHE, AIDA
STREET ADDRESS	1474 MEADOWBROOK RD.
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	T
NAME	HERNANDEZ, AIDA
STREET ADDRESS	A-38 FLAMINGO HILLS
CITY-ST-ZIP	BAYAMON, PUERTO RICO 00657.

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rev. Francisco Romero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 331 724 4937
Date Daytime Phone #