

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 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**



01242007 No Chg-NP

CR2E037 (4/06)

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**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROMERO, FRANCISCO REV. 250 CORY AVENUE N.E. PALM BAY, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROMERO, FRANK M WAVECREST AVENUE N.E. PALM BAY, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MANZANO, ADA N 250 CORY AVENUE N.E. PALM BAY, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SERRANO, JOSUE CARR 149 KM 18.7 BO. PESAS SECTOR CAPILLA CIALES, PUERTO RICO, 00638 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/M GARCIA, KELLY A 1084 WELCH ROAD PALM BAY, FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HERNANDEZ, AIDA A-38 FLAMINGO HILLS BAYAMON, PUERTO RICO 00657, |

U000000658504
03/15/07-80041-021 61.25

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IN THIS SPACE**

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.

SIGNATURE: *Francisco Romero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-07 (321)
724 4937

Date

Daytime Phone #