DOCUMENT # 767126  1. Entity Name						FILED Mar 29, 2000 8:00 am			
CRUZADA ESTUDIANTIL Y PROFESIONAL PARA CRISTO, I  Secretary of State								ate	
Principal Place of Business Mailing Address						03-29-2000 90035 016 ****70.00			
8537 SW 133 PLACE MIAMI FL 33176 US		8537 SW 133 PLACE MIAMI FL 33183-4177 US							
O District Character and Chara									
2. Principal Place of Business 8537 SW 1337 FLACE		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City's State HIAMI .FL		City & State			4. FEI Numb	59-2305956		oplied For	
Zip Country		Zip	Country		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			
2-10	6. Name and Address of Current R	legistered Agent			7. Name and	7. Name and Address of New Registered Agent			
		Name F	FARFAN CLAUDIA						
FARFAN, CLAUDIA				Street Address (P.O. Box Number is Not Acceptable)					
5201 NW 7 ST				8065 S.W. 107TH AVE, #210					
#205 W MIAMI FL			City			FL Zip Cod	e		
The above named entity submits this statement for the purpose of changing its registers.					MITANT				
, ,									
SIGNATURE									
SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW: 9. Election Campaign Finance FEE IS \$61.25 Trust Fund Contribution.				_ ~ ~ ~	.00 May Be ded to Fees		ck Payable to ent of State	)	
	,	507000		<b>,</b>	I DOUTION O LOV			140	
TITLE	OFFICERS AND DIRE	Delete	11. TITLE	····	۲ .	ANGES TO OFFICERS AND	Change	Addition §	
NAME	DOMINGO, PERCY	Buloto	NAME	1	DOMINGO	, PSPCT 1. 1303 PLACE	_ •	()	
STREET ADDRESS   CITY-ST-ZIP	8537 SW 133 PLACE		1			L. 00183	<del>-</del>	, (S	
TITLE -=	MIAMI FL 33176	Delete -	_TITLE	•	V		☐ Change	Addition C	
NAME	HUMBERTO, BONILLA		NAME	:	<b>IUMBERTO</b>	, BOHILLA		, =	
STREET ADDRESS CITY-ST-ZIP	8014 Grand Ave North Bergen NJ			ET ADDRESS 6	1815 JO	CKEY CLUB 1	7065		
TITLE	D	☐ Delete	TITLE		Buspa		Change	Addition	
NAME	DIAZ, CARLOS M		NAME		DIAZ, CA	APLOS M. SPRT BAP	,		
STREET ADDRESS CITY-ST-ZIP	17354 N.W.62 PLACE Miami fl			ET ADDRESS ST-ZIP	MESTON			İ	
TITLE	T	☐ Delete	TITLE		PINCON,		☐ Change	Addition	
NAME	RINCON, OLGA		NAME	: [	• ,	W 90 COURT.			
STREET ADDRESS CITY-ST-ZIP	7713 N KENDALL DRIVE #108 MIAMI FL			ET ADDRESS ST-ZIP		FL, 33157		,	
TITLE	S	☐ Delete	TITLE	9	•	TARRALL	☐ Change	☐ Addition	
NAME STREET ADDRESS	CLAUDIA, FARFAN		NAME	ET ADDRESS &	AUDIA,	FAPPIANE 申加	20		
CITY-ST-ZIP	5201 NW 7 ST #205 W   MIAMI FL 33126				MAMI, FL		ľ		
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	ANGELA, OTERO		NAME STREET	ET ADORESS					
CITY-ST-ZIP	3851 ESTEPONA AVE MIAMI FL 33178			ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date									