

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002845**

1. Entity Name  
**MINISTRY TO THE POOR INC.**



Principal Place of Business  
**3950 SOUTHPOINTE DRIVE, #414  
ORLANDO, FL 32822**

Mailing Address  
**3950 SOUTHPOINTE DRIVE, #414  
ORLANDO, FL 32822**



08242006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1756263**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OCHOA, CARLITO E  
3950 SOUTHPOINTE DRIVE #414  
ORLANDO, FL 32822**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/24/06*  
DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OCHOA, CARLITO E
STREET ADDRESS	3950 SOUTHPOINTE DRIVE #414
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	T
NAME	OCHOA, CELERINA
STREET ADDRESS	3950 SOUTHPOINTE DRIVE #414
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VS
NAME	VILLANOZ, RAMON
STREET ADDRESS	900 SWEETGUM CREEK
CITY-ST-ZIP	PLANO, TX 75023
TITLE	D
NAME	ARROYO, BENNY
STREET ADDRESS	LIBJO CENTRAL
CITY-ST-ZIP	BATANGAS CITY, PHILIPPINES, PH 4200
TITLE	D
NAME	CHAVEZ, FRANK
STREET ADDRESS	610 SOUTH 8TH STREET #505
CITY-ST-ZIP	MINNEAPOLIS, MN 55404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000575408  
09/28/06-80005-019 61.25

**DO NOT WRITE  
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/24/06* *407.376.0382*  
Date Daytime Phone #