

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005577

1. Entity Name
CENTRO ESPIRITA BENEFICIENTE UNIAO DO VEGETAL CORPORATION



Principal Place of Business
**176 VALLEY DRIVE
SANTA FE, NM 87501**

Mailing Address
**PO BOX 24312
SANTA FE, NM 87502**

DO NOT WRITE IN THIS SPACE



02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 85-0412429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, DONALD HUGH
109 LAKE EMERALD DRIVE APT 202
OAKLAND PARK, FL 33309-6205**

**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 _____ (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

U00000659014
03/16/07-80014-006 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
TUCKER, DANIEL CEBUDV
PO BOX 999
NORWOOD, CO 81423**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCVP
MARTIN, DAVID
1018 MAPLE STREET
EDMONDS, WA 98020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PALAEZ, MARIA EUGENIA
21 MIMOSA ROAD
SANTA FE, NM 87508**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MUCKERMAN, RHONDA
PO BOX 163
NORWOOD, CO 81423**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 817, 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:

Daniel Tucker President 2-24-07 970-7080102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #