

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90070 043 \*\*\*\*61.25



**DOCUMENT # N0000000048**  
1. Entity Name  
**TEMPLO CRISTIANO "LA ESTRELLA RESPLANDECIENTE DE LA MANANA" INC.**

Principal Place of Business  
**3145 ROYALSTON AVENUE  
FORT MYERS FL 33905**

Mailing Address  
**3705 S.W. 19TH PLACE  
CAPE CORAL FL 33914-5551**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

1st MOORE CR2E037 (10/05)

4. FEI Number  
**65-0970809**

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

6. Name and Address of Current Registered Agent  
**BENITEZ, VALENTIN  
4433 S.W. 14TH AVE  
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3705 S.W. 19th Pl**  
City **Cape Coral** FL Zip Code **33914 5551**

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 \_\_\_\_\_ DATE **1-24-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2006**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENITEZ, VALENTIN	
STREET ADDRESS	4433 SW 14 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENITEZ, ESTHER	
STREET ADDRESS	4433 SW 14TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, ANA L	
STREET ADDRESS	1725 SW 18TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOPEZ, LUIS ARMANDO	
STREET ADDRESS	1725 SOUTHWEST 18TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3705 S.W. 19th Pl	
CITY-ST-ZIP	Cape Coral Fl 33914 5551	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3705 S.W. 19th Pl	
CITY-ST-ZIP	Cape Coral, Fl 33914-5551	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Esther Benitez* Esther Benitez 1-24-06 (239) 540-8710