

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003467

FILED
Apr 29, 2007
Secretary of State

Entity Name: LUIS ROSA EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

1633 E. VINE STREET, SUITE 107
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 453537
KISSIMMEE, FL 347453537

New Mailing Address:

FEI Number: 58-4709961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA, LUIS
1633 E. VINE STREET, SUITE 107
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSA, LUIS
Address: 420 CARDINAL COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VD () Delete
Name: CEVALLOS, RICHARD
Address: 1152 PERPIGNAN COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: TD () Delete
Name: SANTIAGO, JESUS
Address: 1100 CARRIE LN.
City-St-Zip: KISSIMMEE, FL 34741

Title: SD () Delete
Name: CURRAS, FERNANDO
Address: 240 WHITE RAPIDS LANE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: HERNANDEZ, ENRIQUE
Address: 2848 FALLEN TREE COURT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A ROSA

PD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date