

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90008 033 \*\*\*\*61.25

**94008317**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3234474** Applied For  
Not Applicable

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

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

ABREU, JUAN E  
1014 FLORIDA PARKWAY  
KISSIMMEE, FL 34743

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DELGADO, ABEL  
STREET ADDRESS 1014 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE SD  
NAME TRUJILLO, ANA  
STREET ADDRESS 1014 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE TD  
NAME LUYANDA, PRICILLA  
STREET ADDRESS 1014 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE D  
NAME CARDONA, REOMUNDO  
STREET ADDRESS 1014 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE D  
NAME GARCIA, JUAN  
STREET ADDRESS 1014 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE D  
NAME MENDEZ, SAMUEL  
STREET ADDRESS 1014 FLORIDA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34743

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:**

*Rev. Abel Delgado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/11/04*  
Date

*407-348-6231*  
Daytime Phone #