

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

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005992**

1. Entity Name  
**INSTITUTO BIBLICO PABLO VI, FUNDACION DE  
AMIGOS, INC.**



Principal Place of Business  
**347 STREAMVIEW WAY  
WINTER SPRINGS, FL 32708**

Mailing Address  
**PO BOX 423454  
KISSIMMEE, FL 34742**



02242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3672286**

Applied For  
☐ Not Applicable

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

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

**GONZALEZ, OSCAR  
1400 N SEMORAN BLVD  
ORLANDO, FL 32807**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000475360  
04/05/06-80012-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NAVAS, ORLANDO  
347 STREAMVIEW WAY  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
OSPINA, LUZ  
PO BOX 423454  
KISSIMMEE, FL 34742**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BARTLING, ROSA  
PO BOX 423454  
KISSIMMEE, FL 34742**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24/06

Date

Daytime Phone #