

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005992

FILED  
Feb 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

347 STREAMVIEW WAY  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 423454  
KISSIMMEE, FL 34742

**New Mailing Address:**

347 STREAMVIEW WAY  
WINTER SPRINGS, FL 32708

**FEI Number:** 59-3672286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, OSCAR  
1400 N SEMORAN BLVD  
ORLANDO, FL 32807 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: P ( ) Delete  
Name: NAVAS, ORLANDO  
Address: 347 STREAMVIEW WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: OSPINA, LUZ  
Address: PO BOX 423454  
City-St-Zip: KISSIMMEE, FL 34742

Title: S ( ) Delete  
Name: BARTLING, ROSA  
Address: PO BOX 423454  
City-St-Zip: KISSIMMEE, FL 34742

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
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: ORLANDO NAVAS

P

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date