


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006410 1. Entity Name CHURCH CELESTIAL MISSION, INC.	
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Principal Place of Business 2012 N. TAMPANIA AVE. TAMPA, FL 33607	Mailing Address 2012 N. TAMPANIA AVE. TAMPA, FL 33607
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3642927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAS, JUAN R
2007 SOUTH 58TH STREET
TAMPA, FL 33619**

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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: Juan R. Salas (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAS, JUAN R 2007 SOUTH 58TH STREET TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAS, LETICIA 2007 SOUTH 58TH STREET TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEGRON, EVELYN 1701 E. NORTHWOOD ST. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELEZ, SARAI 11534 LAMPLIGHTER LN. TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/14/08-80038-020 61.25

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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 as an attachment with an address, with all other like empowered.

SIGNATURE: Juan R. Salas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____