

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90124 039 *****61.25

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1. Entity Name
IGLESIA CASA DE ALABANZA DE OKEECHOBEE INC.



Principal Place of Business
**1781 NE 50 COURT
OKEECHOBEE, FL 34972**

Mailing Address
**1781 NE 50 COURT
OKEECHOBEE, FL 34972**

50034162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1060293

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORTEZ, YOLANDA
1781 NE 50 COURT
OKEECHOBEE, FL 34972**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CORTEZ, WOLFGANG
STREET ADDRESS 1781 NE 50 COURT
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VD ☐ Delete
NAME CORTEZ, YOLANDA
STREET ADDRESS 1781 NE 50 CT.
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE T ☐ Delete
NAME FERMAINT, EDWIN
STREET ADDRESS 1781 N.E. 50 COURT
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE T ☐ Delete
NAME BARRETO, HOMERO
STREET ADDRESS 1781 N.E. 50 COURT
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/4/05 **634-1909**
(863) 763-393
Date Daytime Phone #