

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000203

FILED
Jan 09, 2006
Secretary of State

Entity Name: ADONAI CHRISTIAN CENTER, INC.

Current Principal Place of Business:

6280 NW 186TH STREET
APT 215
HIALEAH, FL 33015

New Principal Place of Business:

5844 W 20TH AVE
HIALEAH, FL 33016

Current Mailing Address:

6280 NW 186TH STREET
APT 215
HIALEAH, FL 33015

New Mailing Address:

5844 W 20TH AVE
HIALEAH, FL 33016

FEI Number: 01-0601644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, RICARDO
12245 SW 151 ST #208
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

PONCE, RICARDO
5844 W 20TH AVE
HIALEAH, FL 33016 US

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: RICARDO PONCE

01/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALMONTE, MANUEL F
Address: 74 SILVWE ST
City-St-Zip: ELMONT, NY 11003

Title: D () Delete
Name: PONCE, RICARDO
Address: 12245 SW 151 ST #208
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: MUNOZ, LUCIANO
Address: 9907 NORTHERN BLVD
City-St-Zip: QUEENS, NY 11368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: PONCE, RICARDO
Address: 5844 W 20 AVE
City-St-Zip: HIALEAH, FL 33016

Title: SD (X) Change () Addition
Name: EBERLE, EMILIA C
Address: 5844 W 20 AVE
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO PONCE

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

Date