

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N02000001062</b> 1. Entity Name <b>CENTRO CRISTIANO OASIS DE BENDICION, INC.</b>					
Principal Place of Business <b>14904 WHITE MAGNOLIA CT ORLANDO, FL 32824</b>			Mailing Address <b>14904 WHITE MAGNOLIA CT ORLANDO, FL 32824</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CLASS, CARLOS 14904 WHITE MAGNOLIA CT ORLANDO, FL 32824</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR Is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLASS, CARLOS		NAME	Ana Velez	
STREET ADDRESS	14904 WHITE MAGNOLIA CT		STREET ADDRESS	1810 Concord Cr. Apt. G	
CITY - ST - ZIP	ORLANDO, FL 32824		CITY - ST - ZIP	Kissimmee, FL 34741	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLASS, MAGALY		NAME	Francisco Hernandez	
STREET ADDRESS	14904 WHITE MAGNOLIA CT		STREET ADDRESS	1133 Dantford Dr.	
CITY - ST - ZIP	ORLANDO, FL 32824		CITY - ST - ZIP	Kissimmee, FL 34758	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOTO, AIDA L		NAME	Lucy Lugo	
STREET ADDRESS	14904 WHITE MAGNOLIA CT		STREET ADDRESS	1215 Pleasant Oak Ct	
CITY - ST - ZIP	ORLANDO, FL 32824		CITY - ST - ZIP	Kissimmee, FL 34741	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Samuel Rolon	
STREET ADDRESS			STREET ADDRESS	2001 W. Vine St.	
CITY - ST - ZIP			CITY - ST - ZIP	Kissimmee, FL 34741	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>Carlos Class</i> - Carlos Class - President 7-12-2006 407-846-9002					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**FILED**

06 AUG 16 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**80-0032634** Applied For  
Not Applicable

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

**FL** Zip Code

300078884383  
08/18/06--01044--012 \*\*61.25