

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90005 042 ****61.25

DOCUMENT # N02000003396

1. Entity Name

CENTRO CRISTIANO DE OCALA, INC.



Principal Place of Business

24 NE 12TH TERR.
OCALA FL 34470

Mailing Address

P.O. BOX 6897
OCALA FL 34478

2. Principal Place of Business

3951 NW Birch RD
Howard County

3. Mailing Address

PO BOX 770672

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OCALA, FL

City & State

OCALA, FL

City & State

Zip

34480

Country

US

Zip

34477

Country

US

6. Name and Address of Current Registered Agent

PEREZ, FERNANDO
24 NE 12TH TERR.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Amparo M. Pena

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

5501 SW 191 CT

City Dunnellon

FL

Zip Code

34432

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	PEREZ, FERNANDEO	
STREET ADDRESS	P.O. BOX 6897	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, CARMEN	
STREET ADDRESS	24 NE 12TH TERR	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, AMPARO	
STREET ADDRESS	5501 SW 191 CT	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, EDUARDO	
STREET ADDRESS	366 RIGGS CT	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORA, MARCOS	
STREET ADDRESS	366 RIGGS CT	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amparo M. Pena	
STREET ADDRESS	5501 SW 191 CT	
CITY-ST-ZIP	Dunnellon FL 34432	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Perez	
STREET ADDRESS	P.O. Box 770672	
CITY-ST-ZIP	OCALA FL 34477	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lizbeth Hernandez Jimenez	
STREET ADDRESS	5146 NW 55 CT	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria del ROSARIO MUNOZ	
STREET ADDRESS	1206 SW 123 Terrace	
CITY-ST-ZIP	Ocala FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Amparo Pena Amparo Pena (P).

03-01-04

352-4890752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #