

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003396



1. Entity Name

CENTRO CRISTIANO DE OCALA, INC.

Principal Place of Business
HOWARD JOHNSON
3951 NW BLITCHTON RD
OCALA FL 34482

Mailing Address
P.O. BOX 770672
OCALA FL 34477



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

91-2088858

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

PENA, AMPARO M
5501 SW 191 CT T
DUNNELLON FL 34432

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 V ☐ Delete
NAME PEREZ, FERNANDEO
STREET ADDRESS P.O. BOX 770672
CITY- ST- ZIP OCALA FL 34477

TITLE T ☐ Delete
NAME HERNANDEZ-JIMENEZ, LIZBETH
STREET ADDRESS 5146 NW 55 CT
CITY- ST- ZIP OCALA FL 34482

TITLE P ☐ Delete
NAME PENA, AMPARO
STREET ADDRESS 5501 SW 191 CT
CITY- ST- ZIP DUNNELLON FL 34432

TITLE S ☐ Delete
NAME DEL ROSARIO MUNOZ, MARIA
STREET ADDRESS 1206 SW 123 TERRACE
CITY- ST- ZIP OCALA FL 34481

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 U000000642457
CITY- ST- ZIP 03/01/07-80043-022 61.25

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

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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 exemptions contained in Section 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.

SIGNATURE:

[Handwritten Signature]