

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005450

1. Entity Name
COMUNIDAD CRISTIANA INTERNACIONAL INC



Principal Place of Business
7310 SERENO CT. #117
TAMPA, FL 33634

Mailing Address
P.O. BOX 261405
TAMPA, FL 33685-1405

DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
14-1841302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, SARA M
7310 SERENO CT. #117
TAMPA, FL 33634

**DO NOT WRITE
IN THIS SPACE**

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

SARA M. MARADIAZA CRUZ
SARA M. MARADIAZA CRUZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/28/04
DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000145594
05/03/04-80032-015 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELVIR, JORGE
STREET ADDRESS 7310 SERENO CT. #117
CITY-ST-ZIP TAMPA, FL 33634

TITLE STD
NAME CRUZ, SARA M
STREET ADDRESS 7310 SERENO CT. #117
CITY-ST-ZIP TAMPA, FL 33634

TITLE VD
NAME DAVILA, DAISY
STREET ADDRESS 18610 BURRELL RD.
CITY-ST-ZIP ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Jorge Elvir
Jorge Elvir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 *813-243-7970*
DATE **Daytime Phone #**