

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006868**  
 1. Entity Name  
**LA CRUZ DE ENCUENTRO MINISTRIES INC.**



Principal Place of Business  Mailing Address  
**468 NORTEDAME DR ALTAMONTE SPRINGS FL 32714**      **468 NORTEDAME DR ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business Suite, Apt #, etc.   
 3. Mailing Address Suite, Apt #, etc.

City & State  City & State

Zip  Country  Zip  Country



1st MOORE CR2E037 (10/04)

4. FEI Number **06-1648812** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROMAS, TOMAS THD**  
**468 NORTEDAME DR**  
**ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RAMOS, THOMAS THD</b> <b>468 NORTEDAME DR</b> <b>ALTAMONTE SPRINGS FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RAMOS, MARICRUZ</b> <b>468 NORTEDAME DR</b> <b>ALTAMONTE SPRINGS FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GARCIA, ADRIANO</b> <b>5617 LONG LAKE HILL BLVD.</b> <b>ORLANDO FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UN0000347325</b> <b>04/30/05-80111-006 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Tommas Ramos **4-27-05** **407-314-617**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #