

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001065

FILED
Mar 22, 2005
Secretary of State

Entity Name: MINISTERIO CRISTO EN LAS CARCELES, INC.

Current Principal Place of Business:

9433 RAVEN DELL ST
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

9433 RAVEN DELL ST
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 75-3091286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUERRERO, HECTOR M
9433 RAVEN DELL ST
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUERRERO, HECTOR M
Address: 9433 RAVEN DELL ST
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: CRISPIN, ANGEL M
Address: 6148 PEREGRINE AVE
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: CACEDA, MARCO A
Address: 642 N SEMORAN BLVD #1
City-St-Zip: WINTER PARK, FL 32792

Title: TD () Delete
Name: HERNANDEZ, ALFREDO
Address: 1326 S SUMMERLIN AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PINEIRO, AGUSTIN
Address: 10719 GARDENWOOD RD
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: ROY, MARK
Address: 9510 BEIMTON DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR M GUERRERO

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date