


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90076 020 \*\*\*\*61.25

<b>DOCUMENT # N03000005404</b> 1. Entity Name <b>FIRE OF GOD CHRISTIAN CENTER, INC.</b>					
Principal Place of Business <b>7017 ALOMA AVENUE APT. B WINTER PARK, FL 32792-7027</b>			Mailing Address <b>7017 ALOMA AVENUE APT. B WINTER PARK, FL 32792-7027</b>		
2. Principal Place of Business <b>18020 Thurnhill Grand Cir.</b>		3. Mailing Address <b>18020 Thurnhill Grand Cir.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando, FL</b>		City & State <b>Orlando FL</b>			
Zip <b>32820</b>		Country <b>Orange</b>		Zip <b>32820</b>	
Country <b>Orange</b>		Country <b>Orange</b>			
6. Name and Address of Current Registered Agent <b>RAMOS, GISELA C 7017 ALOMA AVENUE APT. B WINTER PARK, FL 32792-7027</b>			7. Name and Address of New Registered Agent Name <b>Ramos Gisela C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18020 Thurnhill Grand Cir.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32820</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, EDGARDO 1128 SHOSHANNA DR ORLANDO, FL 32825		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, GISELA C 7017 ALOMA AVENUE, APT. B WINTER PARK, FL 327927027		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIONISI, JUAN A 5207 SMOKEY WATER LANE OVIEDO, FL 32765		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, TERESITA 2692 BELLEWATER PL OVIEDO, FL 32765		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTUNATO, FRANK 27 BELLEWATER PL OVIEDO, FL 32765		<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"/> Change <input type="checkbox"/> Addition		
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		
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)(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.					
<b>SIGNATURE</b> <i>Gisela C. Ramos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>01/27/05</b> (407) 568-8704 <small>Daytime Phone #</small>		

00006131



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number **30-0005404** Applied For ☐ Not Applicable

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