


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005989</b> 1. Entity Name FLORIDA CHRISTIAN SOCIAL SERVICES CORP.	
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Principal Place of Business ONE PURLIEU PL # 270 WINTER PARK, FL 32792	Mailing Address PO BOX 721235 ORLANDO, FL 32872
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03282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2123322	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LOPEZ, LUIS A REV.  
ONE PURLIEU PL  
WINTER PARK, FL 32792

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LOPEZ, LUIS REV
STREET ADDRESS	6857 LONG NEEDLE CT.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	V
NAME	MOYA, JOSE T REV
STREET ADDRESS	1600 N. CHIKASAW TRAIL
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	S
NAME	RIOS, ANGEL L REV
STREET ADDRESS	2555 NEWBOLT DR.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D
NAME	DAL SANTO, ELSA
STREET ADDRESS	1379 RUNNING DR.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	VALENTIN, ESNESTO TRUSTEE
STREET ADDRESS	1702 COLTON DR.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000310499  
04/18/05-80006-014 61.25

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rev. E. Luis Lopez*

*3/28/05*

*407-673-3580*