

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90017 044 ****70.00

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1. Entity Name
**SPANISH CHRISTIAN AND MISSIONARY ALLIANCE OF
NAPLES INC. OF THE CHRISTIAN AND MISSIONARY
ALLIANCE**



Principal Place of Business
**2504 ESTEY AVENUE
NAPLES, FL 34101**

Mailing Address
**2504 ESTEY AVENUE
NAPLES, FL 34101**

50056857

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country



07142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3773832

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEGARRA, JOSE LUIS
1440 GOLDEN GATE BLVD W
NAPLES, FL 34120**

7. Name and Address of New Registered Agent

Name **Jose L. Zegarra**

Street Address (P.O. Box Number is Not Acceptable)
2548 Outrigger Lane

City **Naples** FL Zip Code **34104**

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 **7-20-05**

Filing Fee is **\$61.25**
Due by **September 7, 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	P	<input type="checkbox"/> Delete
NAME	ZEGARRA, JOSE LUIS	
STREET ADDRESS	1440 GOLDEN GATE BLVD W	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRITES, DOUGLAS	
STREET ADDRESS	7960 LEICESTER CT	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	T	<input type="checkbox"/> Delete
NAME	SELF, ELIZABETH	
STREET ADDRESS	1440 GOLDEN GATE BLVD W	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTERO, PEDRO	
STREET ADDRESS	3330 DORADO WAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudia Vazquez	
STREET ADDRESS	4525 4th Ave SE	
CITY-ST-ZIP	Naples, FL 34117	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erick Stancel	
STREET ADDRESS	1900 48th St SW	
CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/20/05** Daytime Phone # **(239) 438-6800**