


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006823 1. Entity Name CENTRO CRISTIANO ALFA Y OMEGA PENTECOSTES, INC.	
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Principal Place of Business 641 NE 13TH AVE. HOMESTEAD, FL 33030	Mailing Address 641 NE 13TH AVE. HOMESTEAD, FL 33030
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04302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1217246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLVERA, ROBERTO 641 NE 13TH AVE. HOMESTEAD, FL 33030
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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 NAME STREET ADDRESS CITY-ST-ZIP	P OLVERA, ROBERTO 641 NE 13TH AVE. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, SAUL 641 NE 13TH AVE. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUAERZ, MARIA C 641 NE 13TH AVE. HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000365068 05/09/05-80023-002 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 its 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:  **Roberto Olvera** 5/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #