

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 8:00 am
Secretary of State

04-11-2006 90103 014 ****70.00

DOCUMENT # N03000009447

1. Entity Name
IGLESIA CRISTIANA HISPANA (DISCIPULOS DE CRISTO)
DEL OESTE DE ORLANDO EN FLORIDA, INC.



Principal Place of Business
6151 CLARCONA OCOEE ROAD
ORLANDO, FL 32810 US

Mailing Address
P.O. BOX 681497
ORLANDO, FL 32868 US

68012534



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
83-0375503

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEVEDO, REYNALDO
887 LICARIA DR
OCOE, FL 34761

Name Joseph J Perez

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

6803 Knightswood DR

City ORLANDO

FL

Zip Code 32818

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-06

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	VELAZQUEZ, LYDIA	
STREET ADDRESS	5573 RED BONE LN	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	S	☒ Delete
NAME	CINTRON, IVETTE	
STREET ADDRESS	1019 ROYAL MARQUIS CIR	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	V	☒ Delete
NAME	DONATO, JOSE N	
STREET ADDRESS	603 LAVON DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	D	☒ Delete
NAME	ACEVEDO, REYNALDO	
STREET ADDRESS	887 LICARIA DR	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	☐ Delete
NAME	PEREZ, JOE	
STREET ADDRESS	6803 KNIGHTSWOOD DR	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	☒ Delete
NAME	CRUZ, DORIS	
STREET ADDRESS	2321 LAKE DEBRA DR. APT.312	
CITY-ST-ZIP	ORLANDO, FL 32835	

TITLE	D	☒ Change ☐ Addition
NAME	VELAZQUEZ, Lydia	
STREET ADDRESS	5573 Red bone LN	
CITY-ST-ZIP	ORLANDO FL, 32810	
TITLE	V	☐ Change ☒ Addition
NAME	SANTIAGO, Ramonita	
STREET ADDRESS	1376 West Pointe villas #204	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	S	☐ Change ☒ Addition
NAME	MELENDEZ, Nelly	
STREET ADDRESS	5513 Chatan Woods Ct.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	☒ Change ☐ Addition
NAME	PEREZ, Joseph J.	
STREET ADDRESS	6803 Knightswood DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	☐ Change ☒ Addition
NAME	Leon, Carlos	
STREET ADDRESS	301 Regal Dawn Cir.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	☐ Change ☒ Addition
NAME	Santiago, Nelson	
STREET ADDRESS	1314 Pether way	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Joseph J. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06 321-297-1512