2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90197 038 ****61.25

DOCUMENT # N03000009525

1. Entity Name
LIFESAVERS WORLD OUTREACH CHURCH, INC.

Principal Place of Business	Mailing Address
3300 ABALONE BLVD ORLANDO, FL 32833	~~3300 ABALONE BLVD~~ 2262 Babbitt Avenue ORLANDO, FL 32833

DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
32-0100743
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CURA, ZENAIDA
3300 ABALONE BLVD
ORLANDO, FL 32833

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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD	PD
NAME	~~RAMOS, JOSE~~	Crisanto Mercado
STREET ADDRESS	~~20781 OBERLY PKWY~~	2262 Babbitt Ave.
CITY-ST-ZIP	ORLANDO, FL 32333	Orlando, FL 32833
TITLE	VD	VD
NAME	~~CURA, ZENAIDA~~	Jose Ramos
STREET ADDRESS	~~3300 ABALONE BLVD~~	20781 Oberly Pkwy
CITY-ST-ZIP	ORLANDO, FL 32833	Orlando, FL 32833
TITLE	SD	
NAME	LIM, CELY	
STREET ADDRESS	12914 MARIBOU CIR	
CITY-ST-ZIP	ORLANDO, FL 22828	
TITLE	TD	TD
NAME	~~MERCADO, IMELDA~~	Zenaida Cura
STREET ADDRESS	~~2262 BABBIT AVE~~	3300 Abalone Blvd.
CITY-ST-ZIP	ORLANDO, FL 32833	Orlando, FL 32833
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____ 4/23/06 407.568 2048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #