

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

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90560 034 \*\*\*\*61.25

<b>DOCUMENT # N03000010748</b> 1. Entity Name MISION LATINA CRISTIANA, INC.			
Principal Place of Business 4748 VIA CARMEN NAPLES, FL 34105		Mailing Address 4748 VIA CARMEN NAPLES, FL 34105	
2. Principal Place of Business 3310 BERMUDA ISLAND CIRCLE Suite, Apt. #, etc. <b>APT # 219-A</b>		3. Mailing Address 3310 BERMUDA ISLAND CIRCLE Suite, Apt. #, etc. <b>APT # 219-A</b>	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34109</b> Country <b>US</b>		Zip <b>34109</b> Country <b>US</b>	
4. FEI Number <b>20-0484311</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  GUTIERREZ, JAIME A 779 NOTTINGHAM DR NAPLES, FL 34109		7. Name and Address of New Registered Agent Name <b>ROOSSVELT A FONSECA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3310 BERMUDA ISLAND CIRCLE</b> <b>APT # 219-A</b> City <b>NAPLES</b> FL <b>34109</b>	
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 <i>Roosevelt Fonseca</i> DATE <b>04/28/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>ALVAREZ, RAFAEL</b> STREET ADDRESS <b>1002 SE 12TH TERR APT D</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>ROOSSVELT A. FONSECA</b> STREET ADDRESS <b>3310 BERMUDA ISLAND CIRCLE APT 219-A</b> CITY-ST-ZIP <b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>LOPEZ, MONICA C</b> STREET ADDRESS <b>4748 VIA CARMEN</b> CITY-ST-ZIP <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>FONSECA, ROOSSVELT A</b> STREET ADDRESS <b>4748 VIA CARMEN</b> CITY-ST-ZIP <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>TREASURER</b> NAME <b>RAFAEL ALVAREZ</b> STREET ADDRESS <b>1002 SE 12TH TERR APT. D.</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33909</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Roosevelt Fonseca</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>04/28/05</b> (239) 601-0249 <small>Date</small>	