

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90342 012 \*\*\*\*70.00

DOCUMENT # N03000010748		
1. Entity Name MISSION LATINA CRISTIANA, INC.		

Principal Place of Business <del>3310 BERMUDA ISLAND CIRCLE APT 219-A NAPLES, FL 34109</del>	Mailing Address <del>4748 VIA CARMEN NAPLES, FL 34105</del>
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40072013



2. Principal Place of Business 2083 J I C BLVD.	3. Mailing Address 2083 J I C BLVD.
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04262006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34109	Country

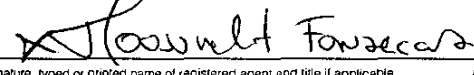
4. FEI Number 20-0484311	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FONSECA, ROOSEVELT A 3310 BERMUDA ISLAND CIRCLE APT 219-A NAPLES, FL 34109	
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7. Name and Address of New Registered Agent Name FONSECA ROOSEVELT A Street Address (P.O. Box Number is Not Acceptable) 2083 J I C BLVD. City NAPLES FL Zip Code 34109	
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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
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, MONICA C 4748 VIA CARMEN NAPLES, FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONSECA, ROOSEVELT A 3310 BERMUDA ISLAND CIRCLE APT 219-A NAPLES, FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, RAFAEL 1002 SE 12TH TERR APT D CAPE CORAL, FL 33909 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, MONICA C. 2083 J I C BLVD. NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONSECA ROOSEVELT A 2083 J I C BLVD NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: 	Date: 04/20/06 (239) 601-0244
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