
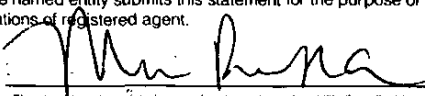



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 015 ****61.25

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # N04000005315 1. Entity Name TEMPLO ALELUJAH DE ORLANDO CORP. | | | |  | |
| Principal Place of Business P O BOX 149768 ORLANDO, FL 32814 | | | Mailing Address P O BOX 149768 ORLANDO, FL 32814 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent TAMAYO, ANTONIO 1213 TRUMAN RD ORLANDO, FL 32807 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE: 7-18-06 </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD TAMAYO, ANTONIO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TAMAYO, ANTONIO | | NAME | | |
| STREET ADDRESS | 1213 TRUMAN RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | | CITY-ST-ZIP | | |
| TITLE | VPD <input checked="" type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RIVERA, ANTONIO | | NAME | VMiriam Rivera | |
| STREET ADDRESS | 1213 TRUMAN RD | | STREET ADDRESS | 4056 Ponderosa Dr. | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | | CITY-ST-ZIP | Orlando Fl 32822 | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TAMAYO, MIRIAM | | NAME | | |
| STREET ADDRESS | 1213 TRUMAN RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | | CITY-ST-ZIP | | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TAMAYO, MARCIA | | NAME | | |
| STREET ADDRESS | 1213 TRUMAN RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| | | | | <small>Date</small> | |
| | | | | <small>Daytime Phone #</small> | |