

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005466

FILED
Apr 27, 2005
Secretary of State

Entity Name: SEMINARIO BIBLICO ALIANZA DE LA FLORIDA CENTRAL INC.

Current Principal Place of Business:

2617 MICHIGAN AVE.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2617 MICHIGAN AVE.
KISSIMMEE, FL 34744

New Mailing Address:

PO BOX 450141
KISSIMMEE, FL 34745-014 1

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: CALDERON, LUIS
Address: 2617 MICHIGAN AVE.
City-St-Zip: KISSIMMEE, FL 34744

Title: P () Change (X) Addition
Name: RIVERA, JORGE IVAN
Address: 2617 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Change (X) Addition
Name: MOREJON, YOLANDA
Address: 2617 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Change (X) Addition
Name: AGOSTO, ILEANA
Address: 2617 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA AGOSTO

TRE

04/27/2005

Electronic Signature of Signing Officer or Director

Date