

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008926

FILED
Aug 01, 2005
Secretary of State

Entity Name: CHARIS DE DIOS, INC.

Current Principal Place of Business:

7315 SW 100 PLACE
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

7315 SW 100 PLACE
OCALA, FL 34478

New Mailing Address:

P.O. BOX 771894
OCALA, FL 34477-189

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, MIGUEL A
7315 SW 100 PLACE
OCALA, FL 34478 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: D () Delete
Name: ROBINSON, FRED A
Address: 4490 SW 140 STREET ROAD
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: GRAU, CARMEN
Address: 4440 SW 140 STREET ROAD
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: GOMEZ, FRANCISCO
Address: 15639 SE 93 AVENUE ROAD
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PELUFFO, EDGAR
Address: 1010 SE 28TH STREET
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: GONZALEZ, DANNY
Address: 7315 SW 100 PLACE
City-St-Zip: OCALA, FL 34478

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: FRED A. ROBINSON

D

08/01/2005

Electronic Signature of Signing Officer or Director

Date