


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010366 1. Entity Name CENTRO CRISTIANO CAISMATICO SEMBERANDO AMOR INC.			
Principal Place of Business 1870 PROVIDENCE BLVD. SUITE B DELTONA, FL 32725		Mailing Address 1490 PROVIDENCE BLVD. DELTONA, FL 32725	
2. Principal Place of Business 435 Osteen / MAYTOWN RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Osteen, FLORIDA		City & State	
Zip 32764	Country VOLUSIA	Zip	Country
6. Name and Address of Current Registered Agent TORRES, RAMON N 1490 PROVIDENCE BLVD. DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, RAMON N REV. 1490 PROVIDENCE BLVD. DELTONA, FL 32725 <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	TD RODRIGUEZ, DOMINGO 954 CLAYTON DR DELTONA, FL 32725 <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	SD TORRES, YOLANDA 1490 PROVIDENCE BLVD. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> 600051404256 04/20/05--01050--013 **75.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTIAGO, CESAR SUB 1750 WOLFOTON CT. DELTONA, FL 32725 <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	S MARQUEZ, RUTH SUB 749 4TH AVE N DELTONA, FL 32725 <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	D MARTINEZ, MARIBEL 3131 TIBURON LANE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-family: cursive;"> <i>DRW/11</i> </div>
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>Rev. Ramon N. Torres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 3/28/05 <small>Date</small> (386) 860-6184 <small>Daytime Phone #</small> </div>	

FILED
 05 APR -5 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1168364** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**