2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010366

1. Entity Name
CENTRO CRISTIANO CAISMATICO SEMBERANDO AMOR INC.

Principal Place of Business	Mailing Address
435 OSTEEN/MAYTOWN RD OSTEEN, FL 32764	1490 PROVIDENCE BLVD. DELTONA, FL 32725

01052006 No Chg-NP CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent

TORRES, RAMON N
1490 PROVIDENCE BLVD.
DELTONA, FL 32725

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TORRES, RAMON N REV.
STREET ADDRESS	1490 PROVIDENCE BLVD.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	TD
NAME	RODRIGUEZ, DOMINGO
STREET ADDRESS	954 CLAYTON DR
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	SD
NAME	TORRES, YOLANDA
STREET ADDRESS	1490 PROVIDENCE BLVD.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	T
NAME	SANTIAGO, CESAR SUB
STREET ADDRESS	1750 WOLFTON CT.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	S
NAME	MARQUEZ, RUTH SUB
STREET ADDRESS	749 4TH AVE N
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	MARTINEZ, MARIBEL
STREET ADDRESS	3131 TIBURON LANE
CITY-ST-ZIP	DELTONA, FL 32738

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01/23/06-80013-011 70.00

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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: Ramon N. Torres Ramón N. Torres 1/9/06 (386)860-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #