

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010366

1. Entity Name
**CENTRO CRISTIANO CAISMATICO SEMBERANDO
AMOR INC.**



Principal Place of Business
**435 OSTEEN/MAYTOWN RD
OSTEEN, FL 32764**

Mailing Address
**1490 PROVIDENCE BLVD.
DELTONA, FL 32725**



03042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

000000680359
04/03/07-80075-006 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* *Ramon N. Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

Daytime Phone #