

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000011374

1. Entity Name
CENTRO EVANGELISTICO ISAIAS 40:31, INC.



Principal Place of Business
**661 W LANCASTER RD
ORLANDO, FL 32809**

Mailing Address
**661 W LANCASTER RD
ORLANDO, FL 32809**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4287414

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, EDWARD R
1455 MICHAEL TERRACE
ORLANDO, FL 32839**

**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, 2008**

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
**P
HERNANDEZ, DANIEL G
2643 DAYBREEZE CT
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HERNANDEZ, CARMEN G
2643 DAYBREEZE CT
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARTINEZ, EDWARD R
1455 MICHAEL TERRACE
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERNARDINA, BONILLA
1410 PINE LAKE RD
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CHAN-MARTINEZ, JORGE
2727 W OAKRIDGE RD
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000797836
01/30/08-80003-021 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #