2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N04000011614

Entity Name: CHRISTIAN HISPANIC MINISTRIES ASSOCIATION, INC.

Current Principal Place of Business:

6953 CLOVIS RD.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

6953 CLOVIS RD.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-2703780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL VALLE, GLADYS
12856 KELSEY ISLAND DR.
JACKSONVILLE, FL 32224 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: PD ( ) Delete
Name: CHAVEZ, RAUL A
Address: 6953 CLOVIS RD.
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: BONFANTE, JOSE
Address: 1359 WILLESDON DR. S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: SANCHEZ, EDWIN R
Address: 1851 OAK WATER DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: SURO, DAVID JR.
Address: 9717 103RD ST.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RAUL A CHAVEZ PD 04/20/2005

Electronic Signature of Signing Officer or Director — Date