FILED
Apr 17, 2007 8:00 am
Secretary of State
04-02-2007 90053 008 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011614

1. Entity Name
CHRISTIAN HISPANIC MINISTRIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6953 CLOVIS RD. JACKSONVILLE, FL 32205	6953 CLOVIS RD. JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2703780
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL VALLE, GLADYS
12856 KELSEY ISLAND DR.
JACKSONVILLE, FL 32224

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: I Hons [illegible] 4-10-07
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	PD
NAME	CHAVEZ, RAUL A
STREET ADDRESS	6953 CLOVIS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	TD
NAME	BONFANTE, JOSE
STREET ADDRESS	1359 WILLESDON DR. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	SD
NAME	SANCHEZ, EDWIN R
STREET ADDRESS	1851 OAK WATER DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	SURO, DAVID JR.
STREET ADDRESS	9717 103RD ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	A
NAME	Victor Reyes
STREET ADDRESS	8516 Sandlando Ave
CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: I Hons [illegible] 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #