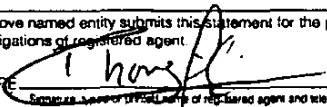
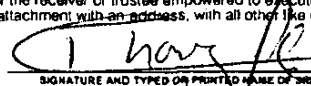


FILED
Apr 17, 2007 8:00 am
Secretary of State

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 6953 CLOVIS RD. JACKSONVILLE, FL 32205		Mailing Address 6953 CLOVIS RD. JACKSONVILLE, FL 32205
DO NOT WRITE IN THIS SPACE		
8. 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:  DATE: 4-10-07 Signature of person or firm acting as registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)		
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 CHAVEZ, RAUL A 6953 CLOVIS RD. JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONFANTE, JOSE 1359 WILLEDON DR. S. JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCHEZ, EDWIN R 1851 OAK WATER DR. JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURO, DAVID JR. 9717 103RD ST. JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Victor Reyes 8516 Sandlands Ave Jacksonville, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: 4/10/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		