2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001570

FILED Apr 18, 2006 Secretary of State

Entity Name: ST. AUGUSTIN CHRISTIAN MISSION INC. **Current Principal Place of Business: New Principal Place of Business:** 8378 BLUE CYPRESS DRIVE LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 8378 BLUE CYPRESS DRIVE LAKE WORTH, FL 33467 FEI Number: 20-3570369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JIMENEZ, CESAR 8378 BLUE CYPRESS DRIVE LAKE WORTH, FL 33467 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JIMENEZ, CESAR Name: Name: Address: 8378 BLUE CYPRESS DRIVE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FIGUERO, CRISTOBAL Name: Address: 8378 BLUE CYPRESS DRIVE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: SEC () Delete Title: () Change () Addition JIMENEZ, CARLOS Name: Name: 14723 SW 155 TH. PLACE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CESAR JIMENEZ P 04/18/2006