## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # N06000000615 04-26-2007 90239 017 \*\*\*\*61.25 FAMÍLIES IN CHRIST JESUS OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 10016 N FULTON STREET 10016 N FULTON STREET ORLANDO, FL 32836 ORLANDO, FL 32836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-3908198 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALES, PATRICK MD 10016 N FULTON STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32836 City Zip Code FL 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 apolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE D Delete TITLE ☐ Change X Addition GONZALES, PATRICK NAME Glen Gamallo 12821 Spurrier Lane STREET ADDRESS 10016 N FULTON STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-ZIP 32824 Orlando. ☐ Change D ☐ Delete Addition TITLE TITLE NAME FINES, DES STELLA MONTES-BELOSO NAME 8017 CHIANTI DR STREET ADDRESS LANE STREET ADDRESS 14225 Ludgate HILL CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-ZIP FL 32828 ☐ Delete D ☐ Change ☐ Addition TITLE BILE FRANCISCO, CESAR NAME NAME 7750 BARBERRY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARQUINEZ, FRANK NAME NAME STREET ADDRESS 3080 ZAHARIAS DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-ZIP ☐ Change **▼** Delete TITLE ☐ Addition TITLE CURVA, REY NAME NAME 1820 BAILLIE GLASS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

**FILED**