

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000615

1. Entity Name
FAMILIES IN CHRIST JESUS OF CENTRAL FLORIDA,
INC.



Principal Place of Business
10016 N FULTON STREET
ORLANDO, FL 32836

Mailing Address
10016 N FULTON STREET
ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3908198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALES, PATRICK MD
10016 N FULTON STREET
ORLANDO, FL 32836

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALES, PATRICK
STREET ADDRESS 10016 N FULTON STREET
CITY-ST-ZIP ORLANDO, FL 32836

TITLE D
NAME FINES, DES
STREET ADDRESS 8017 CHIANTI DR
CITY-ST-ZIP ORLANDO, FL 32826

TITLE D
NAME FRANCISCO, CESAR
STREET ADDRESS 7750 BARBERRY DR
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D
NAME MARQUINEZ, FRANK
STREET ADDRESS 3080 ZAHARIAS DR
CITY-ST-ZIP ORLANDO, FL 32836

TITLE D
NAME GAMALLO, GLEN
STREET ADDRESS 12821 SPURRIER LANE
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D
NAME MONTES-BELOS, STELLA
STREET ADDRESS 14225 LUDGATE HILL LANE
CITY-ST-ZIP ORLANDO, FL 32828

U00000878024
04/14/08-80038-011 61.25

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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: **FRANK MARQUINEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08 407-859-2303

Date

Daytime Phone #