

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000001591

1. Entity Name
CASA DE ORACION KABOD, INC



Principal Place of Business
6013 EDMERE CT
PALM BEACH GARDENS, FL 33410 US

Mailing Address
6013 EDMERE CT
PALM BEACH GARDENS, FL 33410 US

FILED

07 OCT -4 AM 8:13



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3969420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIFUENTES, CLARA
6013 EDMERE CT
PALM BEACH GARDENS, FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CIFUENTES, CLARA ☐ Delete
STREET ADDRESS 6013 EDMERE CT
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition
NAME 200110520972
STREET ADDRESS 10/09/07--01020--008 **70.00
CITY-ST-ZIP

TITLE VP
NAME DIAZ, EDWIN ☒ Delete
STREET ADDRESS 6013 EDMERE CT
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VP
NAME CHRISTIAN CIFUENTES ☐ Change ☐ Addition
STREET ADDRESS 6013 Edgemere Ct
CITY-ST-ZIP P.B.G. FL 33410

TITLE TREA
NAME DIAZ, EVELYN I ☒ Delete
STREET ADDRESS 6013 EDMERE CT
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE TREA ☐ Change ☐ Addition
NAME Martha E Cabrera
STREET ADDRESS 15204 66 Ct North Loxahatchee, FL 33470
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Pray Intercessor
STREET ADDRESS Carmen De Camp
CITY-ST-ZIP 4760 Elmhurst Rd #2
W.P.B. FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Pray Intercessor
STREET ADDRESS Alina Jimenez
CITY-ST-ZIP 594 Springdale Circle
FL 33461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-29-07 561-951-0593

Date

Daytime Phone #