

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012219

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CHRISTIAN ORIENTED EVANGELISTIC HEALTHCARE MINISTRY, INC.

**Current Principal Place of Business:**

2480 N. SMITH ST.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1937 KIMLYN CIRCLE  
KISSIMMEE, FL 34758

**New Mailing Address:**

2480 N. SMITH ST.  
KISSIMMEE, FL 34744

**FEI Number:** 06-1785021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, EDNA  
626 MILAN DR.  
KISSIMMEE, FL 34758 US

**Name and Address of New Registered Agent:**

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:**

Title: CEO  
Name: RIVERA, JEFFREY RN BSN  
Address: 1937 KIMLYN CIR  
City-St-Zip: KISSIMMEE, FL 34758

Title: P  
Name: APONTE, RAMON ESQ.  
Address: 626 MILAN DR.  
City-St-Zip: KISSIMMEE, FL 34758

Title: S  
Name: APONTE, YARITZA  
Address: 1937 KIMLYN CIR  
City-St-Zip: KISSIMMEE, FL 34758

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY RIVERA

CEO

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date