

N14000005666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

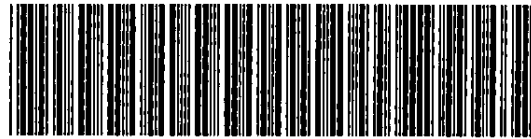
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-31277

Office Use Only



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05/15/14--01013--008 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 12 PM 2:24

APPROVED  
AND  
FILED

1/4

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Christian Center New Vision, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Diogenes De La Rosa

Name (Printed or typed)

75 N. Bumby Ave

Address

Orlando, Fl. 32803

City, State & Zip

407-952-4043

Daytime Telephone number

deelarosa2000@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2014

DIOGENES DE LA ROSA  
75 N. BUMBY AVE  
ORLANDO, FL 32803

SUBJECT: CHRISTIAN CENTER NEW VISION, INC.  
Ref. Number: W14000031277

We have received your document for CHRISTIAN CENTER NEW VISION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00010673

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED  
AND  
FILED

## ARTICLE I NAME

The name of the corporation shall be: Christian Center New Vision, Inc.

## ARTICLE II PRINCIPAL OFFICE

14 JUN 12 PM 2: 25

Principal street address:

75 N. Bumby Ave. Orlando, Fl. 32803

Mailing address if different is: STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: church, religious organization

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: election

AS STATED IN THE BY-LAWS

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diogenes De La Rosa/Pastor

Address: 5808 Willowbud Ct.  
Orlando, Fl. 32807

Name and Title: Dolores De La Rosa/Co-Pastor

Address: 5808 Willowbud Ct.  
Orlando, Fl. 32807

Name and Title: Carmen Burgos/Treasurer

Address: 5445 Leehigh Ave.  
Orlando, Fl. 32807

Name and Title: Lourdes De La Rosa/asst. treasurer

Address: 1218 Rustic Dr.  
Orlando, Fl. 32807

Name and Title: Jennifer Estrada/Secretary

Address: 4755 TERNSTONE AVE.  
Orlando, Fl. 32812

Name and Title: Maria Garcia/asst. secretary

Address: 5834 Dahlia Ave  
Orlando, Fl. 32807

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Edwin Valles/Decon

APPROVED  
AND  
FILED

1712 Hollis, Da.

Orlando, FL 32822

14 JUN 12 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Diogenes De La Rosa

Address:

5808 Willowbud Ct.

Orlando, FL 32807

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

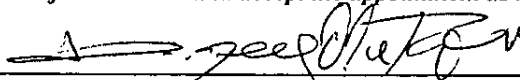
Diogenes De La Rosa

Address:

5808 Willowbud Ct.

Orlando, FL 32807

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

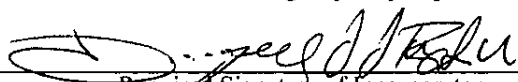


Required Signature of Registered Agent

5-8-14

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator

5-8-14

Date