


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N32515

1. Entity Name
PRIMERA IGLESIA CRISTIANA (DISCIPULOS DE CRISTO) DE ORLANDO, INC.



Principal Place of Business
**1561 N. CHICKASAW TRAIL
 ORLANDO, FL 32825**

Mailing Address
**P.O. BOX 677969
 ORLANDO, FL 32867-7969**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3226425

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NARVAEZ, HERMINIO JR
 113 BLUE CREEK DR
 ORLANDO, FL 32808**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, MARIA 10725 FYLCAST CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVAJAL, MINERVA 11247 CARRIAGE CT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEON, JOSE 10102 RICHARDSON CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, FIDEL 873 BENCHWOOD DRIVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'FERRAL, ENID 2002 CARRINGTON DR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000386405
 01/30/06-80008-015 61.25

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: *Herminio Narvaez* **1-18-06 (407) 658-8506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #