2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N32515



FILED

Feb 08, 2007 8:00 am Secretary of State

1. Entity Name PRIMERA IGLESIA CRISTIANA (DISCIPULOS DE CRISTO) DE ORLANDO,INC. Principal Place of Business 1561 N. CHICKASAW TRAIL P.O. BOX 677969				02	2-08-2007 90	0041 038 ****61.	.25	
ORLANDO, FL		P.O. BOX 677969 ORLANDO, FL 32867-7	969					
2. Principal Pl 1551 Suite, Apt.	age of Business - No P.O. Box # N. Chickasaw Trail #, etc.	3. Mailing Address Suite, Apt. #, etc.	1779 UPFF1	7	hg-NP	CR2E037 (12/06)		
Ocity & State		City & State Clando, F	Jorida	4. FEI Number 59-322642		Ar	oplied For ot Applicable	
Zip 32829	Country USA	32867	Country	5. Certificate of S		S8.75 Add Fee Require	ditional	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Ade	dress of New Re	gistered Agent		
NARVAEZ, HERMINIO JR				ldress (P.O. Box Number is	(P.O. Box Number is Not Acceptable)			
ORLANDO	9, FL 32808							
			City			FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	_,						
SIGNATURE	Algnature, typed or printed name of registered agent a	na title if applicable (NOTE	Registered Agent signatur	re required when reinstating)	1	DATÉ		
/	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Floric	ke check payable t da Department of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Floric	ke check payable to da Department of S	tate V 10	
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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:

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Péro. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date