2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N43943

1. Entity Name

CARIS CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
12200 S.W. 129 CT MIAMI FL 33186 US	12200 S.W. 129 CT MIAMI FL 33186 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0418847 ☐ 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
ESPINAL, ELKIN 2955 NE 41 RD. HOMESTEAD FL 33030	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESPINAL, SOLANDRY		NAME	
STREET ADDRESS	2955 NE 41 RD.		STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP	
TITLE	DSP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESPINAL, ELKIN		NAME	
STREET ADDRESS	2955 NE 41 RD.		STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP	
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, MANUEL		NAME	
STREET ADDRESS	12160 SW 123 PLACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	U00000216164
STREET ADDRESS			STREET ADDRESS	02/05/05-80037-012 70.00
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elkin Espinal 1/25/05 305-235-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #