

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 001 ****61.25

DOCUMENT # N45332

1. Entity Name
**COMHINA - COOPERACION MISIONERA DE HISPANOS
DE NORTEAMERICA, INC.**



Principal Place of Business
**5821 DAMLIA DR
ORLANDO, FL 32807 US**

Mailing Address
**P.O. BOX 593754
ORLANDO, FL 32859-3754 US**

54057046



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06042004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3097282

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

**TOHME, JACOBO A
805 NESTLEWOOD CE
LAKELAND, FL 33813**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE ☐ Delete

NAME **PD TOHME, JACOBO A**

STREET ADDRESS **805 NESTLEWOOD CT.**

CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete

NAME **D ORTIZ, BIANCA**

STREET ADDRESS **37 ROBINSON AVE.**

CITY-ST-ZIP **VALLEY STREAM, NY. 11580**

TITLE ☐ Delete

NAME **DS COLON, EDWIN**

STREET ADDRESS **901 MARLOWE AVE.**

CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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:

Miana E. Barrera *Diana E. Barrera* **EXECUTIVE DIRECTOR** *06/04/2004* *(407) 737-1100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone