2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State
05-10-2005 90118 006 ****61.25

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05042005 Chg-NP CR2E037 (10/03)

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

2. Principal Place of Business
5935 Satellite Blvd.
Suite, Apt. #, etc.
Suite 120
City & State
ORLANDO, FL
Zip 32837 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

TOHME, JACOBO A
805 NESTLEWOOD CE
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name
Diana E. Barrera
Street Address (P.O. Box Number is Not Acceptable)
901 MARLOWE AVE
Orlando
City **FL** Zip Code 32809

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 Diana E. Barrera Executive Director DATE 5/4/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOHME, JACOBO A 805 NESTLEWOOD CT. LAKELAND, FL 33813	☑ Delete	PD Carlisle, Jason 10226 Berrymeade Ct Glen Allen, VA 23060	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTIZ, BIANCA 37 ROBINSON AVE. VALLEY STREAM, NY 11580	☑ Delete	D NAVARRO, DAVID 411 FAIRMONT LN. Ft. LAUDERDALE, FL. 33326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLON, EDWIN 901 MARLOWE AVE. ORLANDO, FL	☑ Delete	DS NUNEZ, Juanita 1903 Leslie Ann Lane Oocee, FL. 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Diana E. Barrera Diana E. Barrera 5/4/2005 (407) 858-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #