2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N45332

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

Principal Place of Business	Mailing Address
5935 SATELLITE BLVD STE 120 ORLANDO, FL 32837 US	P.O. BOX 593754 ORLANDO, FL 32859-3754 US

04122006 No Chg-NP CR2E037 (11/05)

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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

BARRERA, DIANA E
901 MARLOWE AVE
ORLANDO, FL 32809

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DIANA E. Barrera EXECUTIVE DIRECTOR 4/12/2006
Signature, typed or printed name of registered agent and title if applicable. (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	PD
NAME	CARLISLE, JASON
STREET ADDRESS	10226 BERRYMEADE CT
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	D
NAME	NAVARRO, DAVID
STREET ADDRESS	411 FAIRMONT LN
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	DS
NAME	NUNEZ, JUANITA
STREET ADDRESS	1903 LESLIE ANN LANE
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80151-008 61.25

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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: Diana E. Barrera EXECUTIVE DIRECTOR 4/12/2006 (407)858-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #