

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-23-2003 90287 009 ****61.25

DOCUMENT # N45332	
1. Entity Name COMHINA - COOPERACION MISIONERA DE HISPANOS DE N ORTEAMERICA, INC.	

Principal Place of Business 5821 DAMLIA DR ORLANDO FL 32807 US	Mailing Address P.O. BOX 593754 ORLANDO FL 32859-3754 US
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55040792



2. Principal Place of Business 5821 DAMLIA DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State ORLANDO, FL	City & State
Zip 32807	Country US

4. FEI Number 59-3097282	Applied For ☐ Not Applicable
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8. Name and Address of Current Registered Agent QUEIREZ, EDISON 233 S SEHORAN BLVD ORLANDO FL 32807	
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7. Name and Address of New Registered Agent	
Name TOHME, JACOBO A.	
Street Address (P.O. Box Number is Not Acceptable) 805 NESTLEWOOD CE.	
City LAKE LAND	FL Zip Code 33813

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 **TOHME, JACOBO A., PRESIDENT.** **4/9/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT QUEIRDO, EDISON 233 S SEMOARD BLVD ORLANDO FL 32807 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESPANA, CARLOS 1648 CORTEZ ST LOS ANGELES CA 90026 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLON, EDWIN 901 MARLOWE AVE ORLANDO FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOHME, JACOBO A. 805 NESTLEWOOD CE. LAKE LAND, FLORIDA 33813 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORTIZ, BLANCA 37 ROBINSON AVE Valley, Stream, N. Y. 11580 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: **Alfonso E. Barrera** **EXECUTIVE DIRECTOR** **4/9/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: **(407) 737-1400**

CR2E037 (10/02)