

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 036 ****61.25

DOCUMENT # N50338

1. Entity Name
CHRISTIAN EXTENSION MINISTRIES, INC



Principal Place of Business
**10100 W. SAMPLE ROAD, #329
CORAL SPRINGS, FL 33065 US**

Mailing Address
**9861 W. SAMPLE ROAD, #171
CORAL SPRINGS, FL 33065**



2. Principal Place of Business

5400 W ATLANTIC Blvd.

3. Mailing Address

OR SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

(FLORIDA)

Zip

33063

Country

FL

02152006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0347808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARINO, OSVALDO O
10100 W. SAMPLE ROAD, #329
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name **MARINO, OSVALDO**

Street Address (P.O. Box Number is Not Acceptable)
5400 W ATLANTIC Blvd.

City **MARGATE**

FL

Zip Code
33063

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 reinstating)

DATE

02/14/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☐ Delete
NAME **MARINO, OSVALDO OSCAR**
STREET ADDRESS **10100 W. SAMPLE ROAD, #329**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **S** ☐ Delete
NAME **LARES, GUILLERMO**
STREET ADDRESS **8810 SW 132 PL #401**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **T** ☐ Delete
NAME **RUIZ, MONICA S**
STREET ADDRESS **10100 W. SAMPLE ROAD, #329**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☒ Delete
NAME **AZARET, JANELLE**
STREET ADDRESS **4525 SW 146TH COURT**
CITY-ST-ZIP **MIAMI, FL 33176**

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 **5400 W ATLANTIC Blvd.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5400 W ATLANTIC Blvd**
CITY-ST-ZIP **MARGATE FL 33063**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/06

Date

954.978.7978

Daytime Phone #