

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90109 001 ***122.50

DOCUMENT # N93000000750

1. Entity Name
**CENTRO CRISTIANO LATINOAMERICANO GETSEMANI
ASAMBLEAS DE DIOS OF GAINESVILLE, FLORIDA, INC.**



Principal Place of Business
**404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US**

Mailing Address
**404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US**

66413510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3164570

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROJAS, RAMON J
3631 N.W. 19TH ST.
GAINESVILLE, FL 32605**

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 reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROJAS, RAMON J
3631 N.W. 19TH STREET
GAINESVILLE, FL 32605 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CASTRO, JUAN M
3619 NE 11TH TERR
GAINESVILLE, FL 32609 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ARNALDI, LAUDELINO
3915 NW 57 AVE
GAINESVILLE, FL 32653 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SOSTRE, SYLVIA E
5830 SW 8TH PLACE
GAINESVILLE, FL 32607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon J. Rojas

4-20-04

Date

352-371-0078

Daytime Phone #