

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000750

FILED
Apr 25, 2005
Secretary of State

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

Current Principal Place of Business:

404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3164570 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROJAS, RAMON J
Address: 3631 N.W. 19TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: ARNALDI, LAUDELINO
Address: 3915 NW 57 AVE
City-St-Zip: GAINESVILLE, FL 32653

Title: SD () Delete
Name: SOSTRE, SYLVIA E
Address: 5830 SW 8TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SIFONTES, JOSE J
Address: 205 SW 75 ST. BLDG. 1 APT
City-St-Zip: GAINESVILLE, FL 32607

Title: SD (X) Change () Addition
Name: SOSTRE, JOSE A
Address: 5500 SW ARCHER RD. APT. D-204
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON J. ROJAS

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date