

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000750

FILED  
Apr 03, 2006  
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:**

LAJARA, IVAN E  
422 NW 14TH AVE  
GAINESVILLE, FL 32601 US

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: IVAN E LAJARA

04/03/2006

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: SIFONTES, JOSE J  
Address: 205 SW 75 ST. BLDG. 1 APT  
City-St-Zip: GAINESVILLE, FL 32607

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LAJARA, IVAN E  
Address: 422 NW 14TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: SD (X) Change ( ) Addition  
Name: SOSTRE, JOSE A  
Address: 5830 SW 8TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSE J SIFONTES

TD

04/03/2006

Electronic Signature of Signing Officer or Director

Date