

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90045 012 \*\*\*\*61.25

**DOCUMENT # N93000002063**

1. Entity Name

**HISPANIC CHRISTIAN CHURCH MOUNT ZION, INC.**



Principal Place of Business

**306 N. ANOKA AVE.  
AVON PARK FL 33825**

Mailing Address

**P.O. BOX 547  
AVON PARK FL 33826**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3179686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, GREGORIO  
306 N. ANOKA AVENUE  
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

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

*Gregorio Ramos Pastor*

Signature, typed or printed name of registered agent and title if applicable

*Hegani Ramos*

(NOTE: Registered Agent signature required when reinstating)

*2-10-05*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	S	<input type="checkbox"/> Delete
NAME	ROMAN, CECILIA	
STREET ADDRESS	4717 WHITING DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GARCIA VICENS, JOSE	
STREET ADDRESS	4018 EL RADO AVN.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VELAZQUEZ, AMALIA	
STREET ADDRESS	1991 W. BERMUDA DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ABREGO, LEOPOLDO	
STREET ADDRESS	4800 MACKAREL DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERMUNDEZ, PABLO	
STREET ADDRESS	1933 W. BERMUDEZ DR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	M	<input type="checkbox"/> Delete
NAME	RAMOS, HELIA	
STREET ADDRESS	2922 GROUPER DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, CECILIA	
STREET ADDRESS	2650 N. ARCIOLA ROAD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMUNDEZ, ANGIE	
STREET ADDRESS	1933 W. BERMUDA DRIVE	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPO, NILDA	
STREET ADDRESS	3020- SPINKS ROAD	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Hegani Ramos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #