

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003615

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** AWAKENING, ART & CULTURE, INCORPORATED

**Current Principal Place of Business:**

5350 E. KALEY STREET  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

5350 E. KALEY STREET  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 59-3257617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEFF, MYLES  
213 WHITTIER CIR  
ORLANDO, FL 32806 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: ED ( ) Delete  
Name: BETANCOURT, NELSON  
Address: 5350 E. KALEY STREET  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: BECKER, VERNON  
Address: 5350 E. KALEY STREET  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: GARCIA, ARMANDO DR.  
Address: 5350 E. KALEY STREET  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: GOMEZ, ALBERTO  
Address: 5350 E. KALEY STREET  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: MARQUEZ, ROBERTO  
Address: 5350 E. KALEY STREET  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: MORA, ULYSSES  
Address: 5350 E. KALEY STREET  
City-St-Zip: ORLANDO, FL 32812

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

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

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

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

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

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

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

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: NELSON BETANCOURT

ED

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date