2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003655

1. Entity Name
THE OLD PATH CHRISTIANS CHURCH, INC.

Principal Place of Business	Mailing Address
1812 37TH ST. ORLANDO, FL 32839	1812 37TH ST. ORLANDO, FL 32839

01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3375776
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, THOMAS
1812 37TH ST.
ORLANDO, FL 32839

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MENDOZA, THOMAS
STREET ADDRESS	1812 37 ST
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	T
NAME	SOUFFRONT, ANTHONY
STREET ADDRESS	3809 SOUTH TAMPA AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	S
NAME	GALLEGO, DELIA
STREET ADDRESS	4517 BELVEDERE ST
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	RAMIREZ, DEIDAD
STREET ADDRESS	5291 LIGHTHOUSE RD.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	PERZEZ, JUAN
STREET ADDRESS	106 WILLSHAPE ST.
CITY-ST-ZIP	ORLANDO, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80083-003 61.25

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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: Cynthia Mendoza 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #