

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005431

1. Corporation Name

CENTRO CRISTIANO DE DIOS OF SEMINOLE COUNTY INC.

Principal Place of Business
152 COUNTRY CLUB CIRCLE
SANFORD FL 32771-7502

Mailing Address
152 COUNTRY CLUB CIRCLE
SANFORD FL 32771-7502

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 028 ****61.25



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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/31/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

93-2904725

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALARZA, JULIO
152 COUNTRY CLUB CIRCLE
SANFORD FL 32771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GALARZA, JULIO
STREET ADDRESS 152 COUNTRY CLUB CIRCLE
CITY-ST-ZIP SANFORD FL 32771

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V D ☐ DELETE
NAME FIGUEROA, RAYMOND
STREET ADDRESS 2450 HARTWELL AVE. APT.700
CITY-ST-ZIP SANFORD FL 32771

2.1 TITLE V.D ☒ Change ☐ Addition
2.2 NAME ISMAEL Mendoza
2.3 STREET ADDRESS 1421 SECTION LANE
2.4 CITY-ST-ZIP Deltona FL 32725

TITLE STD ☐ DELETE
NAME GALARZA, PEDRO JR.
STREET ADDRESS 700 OSCEOLA ROAD
CITY-ST-ZIP GENEVA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julio Galarza* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-99

Date

(407) 323-2565

Daytime Phone #

CR2E037 (5/99)

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