

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90308 018 ****61.25

DOCUMENT # N95000002842

1. Entity Name

CENTRO BIBLICO EMBAJADORES DE CRISTO, INC.



Principal Place of Business

**8346 K-L SOUTH RIVER DRIVE
MEDLEY FL 33166
US**

Mailing Address

**7126 LAUREL LN.
MIAMI LAKES FL 33014
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6215 W 20 AVE

Suite, Apt. #, etc.

#220

City & State

Hialeah, FL

Zip

Country

Zip

Country

33012-6116

DADE

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0584241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZPER, NANCY
7126 LAUREL LANE
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name **Ramos, Samuel E.**

Street Address (P.O. Box Number is Not Acceptable)
6215 W. 20 AVE #220

City **Hialeah**

FL

Zip Code

33012-6116

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **PD** ☐ Delete
NAME **GONZPER, NANCY**
STREET ADDRESS **7126 LAUREL LANE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **SVD** ☐ Delete
NAME **RAMOS, SAMUEL**
STREET ADDRESS **6215 W 20 AVENUE, APT 220**
CITY-ST-ZIP **HIALEAH FL 33012-6116**

TITLE **TD** ☐ Delete
NAME **RAMOS, LINDA**
STREET ADDRESS **6215 W 20 AVENUE, APT 220**
CITY-ST-ZIP **HIALEAH FL 33012-6116**

TITLE **D** ☐ Delete
NAME **CORDOVA, JULIA**
STREET ADDRESS **1770 W. 44PL. APT 110**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
NAME **CABANA, JOSE**
STREET ADDRESS **7042 W. 30 AVE**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Ramos, Samuel E.**
STREET ADDRESS **6215 W. 20 AVE, APT 220**
CITY-ST-ZIP **Hialeah, FL 33012-6116**

TITLE **SVD** ☒ Change ☐ Addition
NAME **GONZPER, NANCY**
STREET ADDRESS **1869 W. 63 ST**
CITY-ST-ZIP **HIA-FL-33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/16/06 786-206-6119