

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002842

FILED
Feb 01, 2007
Secretary of State

Entity Name: CENTRO BIBLICO EMBAJADORES DE CRISTO, INC.

Current Principal Place of Business:

8346 K-L. SOUTH RIVER DRIVE
MEDLEY, FL 33166 US

New Principal Place of Business:

18079 KENSINGTON DR.
NAPLES, FL 34114 US

Current Mailing Address:

6215 W 20 AVE
#220
HIALEAH, FL 330126116 US

New Mailing Address:

18079 KENSINGTON DR.
NAPLES, FL 34114 US

FEI Number: 65-0584241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, SAMUEL E
6215 W 20 AVE
#200
HIALEAH, FL 330126116 US

Name and Address of New Registered Agent:

NANCY, GONZPER
18079 KENSINGTON DR.
NAPLES, FL 34114 US

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: NANCY GONZPER

02/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVD () Delete
Name: GONZPER, NANCY
Address: 1869 W 63 ST
City-St-Zip: HIALEAH, FL 33012

Title: PD () Delete
Name: RAMOS, SAMUEL
Address: 6215 W 20 AVE., APT 220
City-St-Zip: HIALEAH, FL 330126116

Title: TD () Delete
Name: RAMOS, LINDA
Address: 6215 W 20 AVENUE, APT 220
City-St-Zip: HIALEAH, FL 330126116

Title: D () Delete
Name: CORDOVA, JULIA
Address: 1770 W. 44PL. APT 110
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Delete
Name: CABANA, JOSE
Address: 7042 W. 30 AVE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVD (X) Change () Addition
Name: GONZPER, MARIE D
Address: 18079 KENSINGTON DR.
City-St-Zip: NAPLES, FL 34114

Title: PD (X) Change () Addition
Name: GONZPER, NANCY
Address: 18079 KENSINGTON DR.
City-St-Zip: NAPLES, FL 34114 US

Title: TD (X) Change () Addition
Name: RAMOS, LINDA
Address: 6215 W 20 AVENUE, APT 220
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change () Addition
Name: CABANA, JOSE
Address: 18703 NETTLETON ST
City-St-Zip: ORLANDO, FL 32833

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 Chapter 119, 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: NANCY GONZPER

PD

02/01/2007

Electronic Signature of Signing Officer or Director

Date