

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N9500003459

1. Entity Name
COMUNIDAD CRISTIANA DE MIAMI, INC.



Principal Place of Business
**14901 FEATHERSTONE WAY
DAVIE, FL 33331**

Mailing Address
**14901 FEATHERSTONE WAY
DAVIE, FL 33331**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0595723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**URDANETA, ANNTONETTE
14901 FEATHERSTONE WAY
DAVIE, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
URDANETA, RODRIGO A
14901 FEATHERSTONE WAY
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
URDANETA, ANNTONETTE
14901 FEATHERSTONE WAY
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
URDANETA, ANNTONETTE
14901 FEATHERSTONE WAY
DAVIE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
HERNANDEZ, NERCY
1640 SW 83 AVENUE
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000316419
04/19/05-80076-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annette Urdaneta 4/12/05 954 252-9955
Date Daytime Phone #