

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90002 037 ****70.00



DOCUMENT # N95000003516 1. Entity Name TABERNACULO DE LA FE DE ORLANDO DE LA ALIANZA CRISTIANA Y MISIONERA, INC.					
Principal Place of Business 2841 S GOLDENROD RD ORLANDO, FL 32822			Mailing Address POST OFFICE BOX 720194 ORLANDO, FL 32872-0194		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3307040	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEL RIO, ABEL 5333 WOODCREST DRIVE WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE		
NAME	ABLE DEL RIO <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5333 WOODCREST DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NICOLAS RODRIGUEZ		NAME	Richard Flores	
STREET ADDRESS	7645 DANU CT		STREET ADDRESS	741 Ashley Ln.	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVELYN KUILAN		NAME	Freddie Flores	
STREET ADDRESS	12851 LAKEBROOK DR.		STREET ADDRESS	7523 Charlton Parkway	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32822	
TITLE	<input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Betsy Ruiz Pineiro	
STREET ADDRESS			STREET ADDRESS	6934 Long Needle Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32822	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Abel Del Rio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/9/06 407-382-0080 <small>Date Daytime Phone #</small>		