

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2007 08:00 AM
Secretary of State**

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**



01182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3307040

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEL RIO, ABEL
5333 WOODCREST DRIVE
WINTER PARK, FL 32792**

**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, 2007**

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
ABLE DEL RIO
5333 WOODCREST DR
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FLORES, RICHARD
741 ASHLEY LN
ORLANDO, FL 32825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FLORES, FREDDIE
7523 CHARLIN PKWY
ORLANDO, FL 32822**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PINEIRO, BETSY RUIZ
6934 LONG NEEDLE CT
ORLANDO, FL 32822**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000599887
01/25/07-80044-018 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Abel Del Rio

Abel Del Rio

1/19/07

(407) 382-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #