

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90024 002 ****61.25

DOCUMENT # N96000000981

1. Entity Name
MISSION CRISTIANA BETHESDA, INC.



Principal Place of Business
**2300 HOWLAND BLVD
DELTONA, FL 32738**

Mailing Address
**P.O. BOX 6441
DELTONA, FL 32728**

54034099



2. Principal Place of Business
600 Ft. Smith
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04122004 Chg-NP CR2E037 (10/03)

City & State
Deltona, FL
Zip
32738

City & State
City
Country
USA

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORES, JUAN
2804 LIGHT WOOD STREET
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name **PEDRO JUAN TORRES**
Street Address (P.O. Box Number is Not Acceptable)
1115 GALGANO AVE.
City **DELTONA, FL** Zip Code **32725**

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]* **Pedro J. Torres** **04/14/04**
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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	TR LOPEZ, GWENDOLYN C 1116 GALGANO AVENUE DELTONA, FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALEJANDRO, ALICK 958 MENTMORE CIR DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTANA, ERNIE 674 COLCHESTER AVENUE DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUNA, MARIA C 3133 QUAIL DRIVE DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BRENES, ANNIE 3812 PINEHURST ST DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HERNANDEZ, JOSE 1490 CLAYTON DR DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rafael OSORIO 590 GERALDINE DR DELTONA, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeanette Quiñones 25 Wood Hollow Rd. DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.D. MANUEL RIVERA 2461 Austin Ave. DELTONA FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **04-14-04** **386-574-5795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #