

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 FEB 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000000981		
1. Entity Name MISION CRISTIANA BETHESDA, INC.		

Principal Place of Business 600 FT. SMITH DELTONA, FL 32738	Mailing Address P.O. BOX 6441 DELTONA, FL 32728
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent DSORIO, RAFAEL L 590 GERALDINE DR DELTONA, FL 32725	
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7. Name and Address of New Registered Agent Name: <u>Pedro Juan Torres</u> Street Address (P.O. Box Number is Not Acceptable): <u>1115 GALGANO AVE</u> City: <u>DELTONA</u> FL Zip Code: <u>32725</u>	
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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: Pedro J. Torres 2/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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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	C OSORIO, RAFAEL L 590 GERALDINE DR DELTONA, FL 32725 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINONES, JEANETTE 25 WOOD HOLLOW RD DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD RIVERA, MANUEL 2461 AUSTIN AVE DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T 500046193885 02/10/05--01008--002 **35.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC Pedro Juan Torres 1115 GALGANO AVE. DELTONA, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Eliseo Rodriguez 1131 Meditation Loop Port Orange, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR Emilia Allick 558 Mentmore Circle Deltona, FL 32728 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR Israel Garcia 817 Upper Cape Rd. Apt 202 Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500046193885 03/01/05--01010--009 **26.25 <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: Pedro J. Torres 2/23/05 386-574-6604
Signature and typed or printed name of signing officer or director Date Daytime Phone #