


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002351</b> 1. Entity Name <b>CORPUS CHRISTI EVANGELIZATION CENTER, INC.</b>					
Principal Place of Business <b>40 S. OXALIS DRIVE ORLANDO, FL 32807</b>			Mailing Address <b>40 S. OXALIS DRIVE ORLANDO, FL 32807</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3395667</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FUMERO, JUDITH 40 S. OXALIS DRIVE ORLANDO, FL 32807</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstalling) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	PD	FUMERO, JUDITH	40 S. OXALIS DRIVE ORLANDO, FL 32807		
	VD	VARGAS, MIGUEL	40 S. OXALIS DRIVE ORLANDO, FL 32807		
	TD	ALEQUIN, FREDDIE	40 S. OXALIS DRIVE ORLANDO, FL 32807		
	SD	BAEZ, MAGDA	40 S. OXALIS DRIVE ORLANDO, FL 32807		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 lives empowered.					
<b>SIGNATURE:</b> <i>Judith Fumero</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					