

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002517

1. Entity Name
COMMUNIDAD MISIONERA CARISMATICA
SEMBRADORES DE LA PALABRA INC.



Principal Place of Business
POST OFFICE BOX 4633
WINTER PARK, FL 32793

Mailing Address
POST OFFICE BOX 4633
WINTER PARK, FL 32793



DO NOT WRITE IN THIS SPACE

01082005 No Chg-NP CR2E037 (10/03)

4. Fict Number 59-3374356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PABLO
310 1/2 SO. BUMBY
ORLANDO, FL 32803

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARTAGENA, ORLANDO
STREET ADDRESS 600 FIELD CLUB CIR
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE VPD
NAME CRUZ, JUAN
STREET ADDRESS 1003 GATOR LN
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE T
NAME CARTAGENA, CARMEN
STREET ADDRESS 600 FIELD CLUB CIR
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE T
NAME CRUZ, IDA L
STREET ADDRESS 1003 GATOR LN
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000288789
04/05/05-80024-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN E. CRUZ 03/31/05 (407) 699-6458