# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N96000004473

1. Entity Name
MINISTERIO CRISTIANO REFUGIO ETERNO INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 617 NORTH H STREET<br>LAKE WORTH, FL 33460 | P.O. BOX 22602<br>W.P.B., FL 33416-2602 |

02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0722054
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FONTANEZ, VALENTIN
911 SPRINGDALE CIR
LAKE WORTH, FL 33461

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | FONTANEZ, VALENTIN |
| STREET ADDRESS | 911 SPRINGDALE CIR |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | D |
| NAME | GONSALEZ, RAFAEL |
| STREET ADDRESS | 1104 MANGO DR |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
| TITLE | T |
| NAME | NIEVES, WANDA |
| STREET ADDRESS | 911 SPRINGDALE CIR |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | D |
| NAME | GONZALEZ, ANAYDA |
| STREET ADDRESS | 4746 CRESTHAVEN BLVD #3 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
| TITLE | D |
| NAME | ROSARIO, MONSEY |
| STREET ADDRESS | 2717 FLORIDA BLVD #525 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000548957
05/12/06-80084-022 61.25

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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:** _____ 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #