2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004705

1. Entity Name CHRISTIAN MISSION ADONALING.

Principal Place of Business 250 CORY AVE NE PALM BAY, FL 32907

PALM BAY, FL 32907

Mailing Address

250 CORY AVE NE PALM BAY, FL 32907

FILED Jan 23, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3396391

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ROMERO, FRANCISCO 250 CORY AVE NE

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 alguature required when reinstaling) DATE					
Filing Fee is \$81.25 Due by May 1, 2004 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May & Added to Fees		
10.	OFFICERS AND DIRECTORS				
NAME PD PASTOR FRAN STREET ADDRESS 250 CORY AVE CITY-ST-ZIP PALM BAY, FL	CISCO ROMERO			U00000011959 	
NAME ROMERO, FRA STREET ADDRESS 295 WAVECRE CITY-ST-ZIP PALM BAY, FL	ST AVE NE			01723704 05053 000.110,00	
TITLE T NAME VALENTIN, SAI STREET ADDRESS 295 WAVE CRE CITY-ST-ZIP PALM BAY, FL	ST AVE NE		D	O NOT WRITE	
TITLE S NAME MANZANO, ADA STRIET ADDRESS 250 LORY AVE CITY-ST-ZIP PALM BAY, FL 32507			IN THIS SPACE		
TITLE V NAME ROMERO, JUA STREET ADDRESS 1063 HOOPER CITY-ST-ZIP PALM BAY, FL					
TITLE T NAME MANZANO, LIL STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 12. I hereby certify that the inform	RD 32907	not qualify for the exemption	stated in Section 119	.07(3)(i), Florida Statutes. I further certify that the information	

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 is rue 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

Ros. Iranh Rameno

1-20-04

321 724 493

Daytime Phone #