

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001863

1. Entity Name
**EL ENCuentRO OF THE CHRISTIAN AND MISSIONARY
ALLIANCE, INC.**



Principal Place of Business
**1908 NORTH LINCOLN AVE.
TAMPA, FL 33607**

Mailing Address
**P. O. BOX 152961
TAMPA, FL 33684**



02122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3442978

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUQUE, JOSE L
3307 W. CHESTNUT STREET
TAMPA, FL 33607**

**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

Jose L. Duque

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-2006

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DUQUE, JOSE L
3307 W CHESTNUT STREET
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTU
BRON, ALEX
3812 W KIMBALL DR
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ORTIZ, WALDIR
112646 LONGCREST DR
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
DISHMEY, PAUL
1749 OPEN FIELD LOOP
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
PABON, RAMON
3107 KATHLEEN STREET
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000434420
02/25/06-80001-007 70.00

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IN THIS SPACE**

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:

Jose L. Duque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2006 813-967-3157

Date

Daytime Phone #