

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002085

FILED
Apr 14, 2005
Secretary of State

Entity Name: CENTRO DE ADORACION ADONAI, INC.

Current Principal Place of Business:

1251 FROMAGE WAY
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 350703
JACKSONVILLE, FL 32235 US

New Mailing Address:

11126 WINDHAVEN DRIVE SOUTH
JACKSONVILLE, FL 32225 US

FEI Number: 59-3466747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, HECTOR REV
11126 WINDHAVEN DR. S.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ, HECTOR REV
Address: 11126 WINDHAVEN DR. S
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: FERNANDEZ, DELBIS N.
Address: 11126 WINDHAVEN DR. S
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ROSARIO, RITA
Address: 6219 PINELOCK DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: WHITE, DAN DR.
Address: 4019 WINDSOR PARK DR. E
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR FERNANDEZ

D

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date