

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004934

FILED
Feb 08, 2005
Secretary of State

Entity Name: COLOMBIA PARA CRISTO INC.

Current Principal Place of Business:

10160 MAIN DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

PO BOX 400
MOORE HAVEN, FL 33471

New Mailing Address:

1355 NW 93RD COURT
OFFICE 108A
MIAMI, FL 33172

FEI Number: 59-3479262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENDAL, PATRICIA C T
10160 MAIN DRIVE
BONITA SPRINGS, FL 34135 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: STENDAL, CHADWICK M
Address: CALLE 11 #1-54 APT 703
City-St-Zip: SANTA MARTA RODADERO, CO

Title: D () Delete
Name: STENDAL, RUSSELL M
Address: CRA 2A #66-52 APT 121D
City-St-Zip: BOGOTA, CO

Title: S () Delete
Name: STENDAL, GLORIA
Address: CRA 2A #66-52 APT 126-D
City-St-Zip: BOGOTA, COLOMBIA, CO

Title: T () Delete
Name: STENDAL, PATRICIA C
Address: 10160 MAIN DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: NUVITA, ALFONSO
Address: CALLE 24 #18-46
City-St-Zip: SANTA MARTA, COLOMBIA, CO

Title: D () Delete
Name: LARA, OSVALDO
Address: A.A. 95. 300
City-St-Zip: BOGOTA, COLUMBIA, CO

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
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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: PATRICIA C. STENDAL

T

02/08/2005

Electronic Signature of Signing Officer or Director

Date