

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005136

FILED
Jul 13, 2005
Secretary of State

Entity Name: NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.

Current Principal Place of Business:

3518 AZEELE ST
APT #382
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3518 AZEELE ST
APT #382
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3480020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
101 E. KENNEDY BLVD.
STE 1030
TAMPA, FL 33602 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: PD () Delete
Name: VALLE-PETERS, AMANDA
Address: 3518 AZEELE AVE., #382
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: CASTILLO, CECILIA
Address: 4801 CULBREATH ISLES RD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: DELGADO, TOMAS
Address: 4121 HIGHLAND PARK CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: DELGADO, LEONOR
Address: 4121 HIGHLAND PARK CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: FATHER DESMOND, DALY
Address: 821 S. DALE MABRY
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: JEFFRIES, DAVID
Address: 101 E. KENNEDY BLVD, SUTIE 3000
City-St-Zip: TAMPA, FL 33602

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:

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: DAVID M. JEFFRIES

RA

07/13/2005

Electronic Signature of Signing Officer or Director

Date