

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005664

FILED
Apr 30, 2006
Secretary of State

Entity Name: CALVARY CHURCH OUTREACH CENTER, INC.

Current Principal Place of Business:

403 W BULLARD AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

132 PINEWOOD CIRCLE
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 59-3472219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, VIDAL
132 PINEWOOD CIRCLE
KISSIMMEE, FL 34743 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: P () Delete
Name: ORTIZ, VIDAL
Address: 132 PINEWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: ALICEA, ENID
Address: 187 TIMBER PARK DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: RAMOS, FRANCISCO
Address: 229 CRANBROOK DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: GONZALEZ, CARMEN
Address: 308 ASPENWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: ALICEA, GUSTAVO
Address: 187 TIMBER PARK DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: ORTIZ, NILDA
Address: 132 PINEWOOD
City-St-Zip: KISSIMMEE, FL 34743

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
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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 Chapter 119, 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: VIDAL ORTIZ

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date