2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90167 017 ****61.25

DOCUMENT # N98000000683

1. Entity Name

JESUCRISTO CAMINO DE LUZ INC.

Principal Place of Business	Mailing Address
1336 E. VINE ST. KISSIMMEE FL 34744 US	~~517 PEPPERMILL CIRCLE~~ ~~KISSIMMEE FL 34758~~

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2162 Granger AV Suite, Apt. #, etc.
City & State	Kiss FL 34746 City & State
Zip / Country	Zip / Country

4. FEI Number 59-3491480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCENA, JOHN 517 PEPPERMILL CIRCLE KISSIMMEE FL 34758	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LUCENA, JOHN 517 PEPPERMILL CIRCLE KISSIMMEE FL 34758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Pedro Schamber 2309 Indian Mound Trail Kissimmee FL 34746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOMEZ, JUAN 8057 ELM STONE CIRCLE ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Alvaro Jimenez 2165 Granger Ave Kissimmee FL 34746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DE LA ROCHA, AMPARO 506 ROYAL PALM KISSIMMEE FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOLARTE, SILVIA 517 PEPPERMILL CIRCLE KISSIMMEE FL 34758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOMEZ, ELIZABETH 8051 ELM STONE CIR ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JIMENEZ, ALVARO 145-25 GATEWAY POINT CIRCLE ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #