

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90012 008 \*\*\*\*61.25

**DOCUMENT # N98000002421**

1. Entity Name

TEMPLO CRISTIANO A.D., INC.



Principal Place of Business

14690 DR M.L. KING JR. BLVD  
DOVER FL

Mailing Address

PO BOX 159  
DOVER FL 33527-0159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3527662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORREA, JOSE L  
207 BELFORT PLACE  
VALRICO FL 33594

7. Name and Address of New Registered Agent

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, 2004**

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

TITLE PT  
NAME CORREA, JOSE L ☐ Delete  
STREET ADDRESS 207 BELFORT PLACE  
CITY-ST-ZIP VALRICO FL 33594

TITLE ST ☒ Delete  
NAME MARENCO, DEBORAH  
STREET ADDRESS 14002 WHITE PLAINS ST  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE TT ☒ Delete  
NAME MARENCO, RENE  
STREET ADDRESS 14002 WHITE PLAINS ST  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME CORREA, Loyda E.  
STREET ADDRESS 207 Belfort Pl.  
CITY-ST-ZIP Valrico, FL. 33594

TITLE T ☐ Change ☒ Addition  
NAME Alvarado, Marisol  
STREET ADDRESS 1517 Plantation Grove #326  
CITY-ST-ZIP Plant City FL 33566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Jose L. Correa*

Jose L. Correa

2/3/04 (813) 215-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #