

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N98000002738**

1. Entity Name  
**NATIONAL CHRISTIAN CHILDREN'S PROGRAM, INC.**



Principal Place of Business  
**10600 NADIA AVE.  
ORLANDO, FL 32825**

Mailing Address  
**10600 NADIA AVE.  
ORLANDO, FL 32825**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3434133**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DARDIZ, ROSENDO  
10600 NADIA AVE.  
ORLANDO, FL 32825**

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DARDIZ, ROSENDO
STREET ADDRESS	10600 NADIA AVE.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	V
NAME	CAMACHO, ANGEL
STREET ADDRESS	10600 NADIA AVE.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	S
NAME	GOMEZ, NITZA
STREET ADDRESS	10600 NADIA AVE.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	T
NAME	DARDIZ, DORIS L
STREET ADDRESS	10600 NADIA AVE.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	FIGUEROA, JOSE A
STREET ADDRESS	10600 NADIA AVE
CITY-ST-ZIP	ORLANDO, FL 328255650
TITLE	T
NAME	DAVILA, GREDDA
STREET ADDRESS	10600 NADIA AVE
CITY-ST-ZIP	ORLANDO, FL 328255650

1000000194406  
01/25/05-80101-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

(407) 282-6202

Date

Daytime Phone #