

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

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

DO NOT WRITE IN THIS SPACE

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



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3434133	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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 reinstating)

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

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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 6072282-6202
Date Daytime Phone #