

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90013 040 \*\*\*\*66.25

**DOCUMENT # N98000002924**



1. Entity Name  
**CHRISTIAN CENTER NEW VISION, INC**

Principal Place of Business  
**75 N BUMBE AVE  
ORLANDO, FL 32803 US**

Mailing Address  
**75 N BUMBE AVE  
ORLANDO, FL 32803 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3529322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DE-LA ROSA, DIOGENES--  
5808 WILLOWBUD COURT  
ORLANDO, FL 32807**

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

**Filing Fee is \$61.25  
Due by September 6, 2006**

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 **PPD** ☐ Delete  
NAME **DELA ROSA, DIOGENES**  
STREET ADDRESS **5808 WILLOWBUD COURT**  
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **VPD** ☐ Delete  
NAME **DE LA ROSA, DOLORES**  
STREET ADDRESS **5808 WILLOWBUD COURT**  
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **DT** ☒ Delete  
NAME **ALBERO, EMILY**  
STREET ADDRESS **1218 EASTON**  
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **S** ☐ Delete  
NAME **SALAZAR, CARMEN**  
STREET ADDRESS **5445 LEEHIGH AVE.**  
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **SD** ☐ Delete  
NAME **DE LA ROSA, ESPERANZA**  
STREET ADDRESS **1218 RUSTIC DR.**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **SD** ☐ Delete  
NAME **RODRIGUEZ, MELANIA**  
STREET ADDRESS **2029 GARWOOD DR.**  
CITY-ST-ZIP **ORLANDO, FL 32822**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
NAME **ABDULLO CALO**  
STREET ADDRESS **2513 Rio Pinar W Blvd**  
CITY-ST-ZIP **Orlando FL 32822**

TITLE **ST** ☐ Change ☒ Addition  
NAME **SONIA SANCHEZ CALO**  
STREET ADDRESS **2513 Rio Pinar W Blvd**  
CITY-ST-ZIP **Orlando FL 32822**

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

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 exemptions contained 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 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

Date

Daytime Phone #

8-6-06. 407 281 7950