2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2007 8:00 am
Secretary of State
09-06-2007 90011 022 ****74.25

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1. Entity Name
CHRISTIAN CENTER NEW VISION, INC

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

DO NOT WRITE IN THIS SPACE

08012007 No 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

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

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PPD
NAME	DELA ROSA, DIOGENES
STREET ADDRESS	5808 WILLOWBUD COURT
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	VPD
NAME	DE LA ROSA, DOLORES
STREET ADDRESS	5808 WILLOWBUD COURT
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	T
NAME	OBDULIO, CALO
STREET ADDRESS	2513 RIO PINELLAS BLVD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	S
NAME	SALAZAR, CARMEN
STREET ADDRESS	5445 LEEHIGH AVE.
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	SD
NAME	DE LA ROSA, ESPERANZA
STREET ADDRESS	1216 RUSTIC DR.
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	SD
NAME	RODRIGUEZ, MELANIA
STREET ADDRESS	2029 GARWOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32822

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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: Rosa Diogenes De La Rosa 8-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED MANAGER OR DIRECTOR — Date — Daytime Phone #