

DOCUMENT # N99000002638

1. Entity Name

COMUNIDAD CRISTIANA INC.

Principal Place of Business

1234 WEST 31ST STREET
HIALEAH FL 33012

Mailing Address

1234 WEST 31ST STREET
HIALEAH FL 33012-4804

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VILLANUEVA, MILTON
1234 WEST 31ST STREET
HIALEAH FL 33012

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME Elder/Director
STREET ADDRESS Pedro Fernandez
CITY-ST-ZIP 19561 NW 60 Ct.
Hialeah, FL 33015TITLE ☐ Change ☐ Addition
NAME Elder/D
STREET ADDRESS Jaime Fernandez
CITY-ST-ZIP 17131 NW 44 Ct
Carol City, FL 33055TITLE ☐ Change ☐ Addition
NAME Elder/D
STREET ADDRESS Juan Antonio Mejias
CITY-ST-ZIP 19080 NW 86 Ave.
Hialeah, FL 33015TITLE ☐ Change ☐ Addition
NAME Secretary/D
STREET ADDRESS Luis G. Monsalve
CITY-ST-ZIP 6745 NW 189 Terrace
Hialeah, FL 33015TITLE ☐ Change ☐ Addition
NAME Elder/D
STREET ADDRESS Jose Pelier
CITY-ST-ZIP 20820 NW 38 PL
Carol City, FL 33055TITLE ☐ Change ☐ Addition
NAME Deacon
STREET ADDRESS Miriam I. Mejias
CITY-ST-ZIP 19080 NW 86th Ave.
Hialeah, FL 33015

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:

Rev. Miguel Villanueva
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2000

305-558-0711

Date

Daytime Phone

KE