

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90073 012 \*\*\*\*61.25

**DOCUMENT # N99000007072**

1. Entity Name  
HISPANIC CHRISTIAN CHURCH ASSOCIATION OF  
CENTRAL FLORIDA INC.



Principal Place of Business

ONE PURLIEU PLACE  
SUITE 270  
WINTER PARK, FL 32792

Mailing Address

PO BOX 721235  
ORLANDO, FL 32872

54071490



08312004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3645761

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOYA, JOSE T  
492 SHORT PINE CIR  
ORLANDO, FL 32807

**DO NOT WRITE  
IN THIS SPACE**

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 8, 2004**

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  
SE  
MOYA, JOSE T  
PO BOX 574263  
ORLANDO, FL 328574263

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LOPEZ, LUIS  
2550 S GOLDEN RD  
ORLANDO, FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
OVERSTREET, REBECCA  
PO BOX 450278  
KISSIMMEE, FL 34745

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JOAQUIN, PEREZ-APONTE  
8670 SAVORY DR  
ORLANDO, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

08-31-04

Date

Daytime Phone #

4076733180