

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007339

1. Entity Name

TEMPLO CRISTIANO MAGDIEL, INC.



Principal Place of Business

**125 SW 27TH AVE.
VERO BEACH, FL 32962**

Mailing Address

**2624 SW 2ND ST.
VERO BEACH, FL 32962**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3618894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORES, ROGELIO JR.
2624 SW 2ND ST.
VERO BEACH, FL 32962**

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME FERNANDEZ, MARIA
STREET ADDRESS 1113 S. 7TH ST.
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE D
NAME FERNANDEZ, REYNALDO
STREET ADDRESS 1113 S 7TH ST
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE D
NAME FLORES, RUTH
STREET ADDRESS 2623 SW 2ND ST.
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE D
NAME AGUILAR, MIGUEL
STREET ADDRESS 1508 CORTEZ BLVD.
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE D
NAME FLORES, ESMERALDA
STREET ADDRESS 2624 SW 2ND ST
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000452918
13/13/06-80019-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Ruth Flores *Ruth Flores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06

Date

772-978-4338

Daytime Phone #