

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001533

FILED
Mar 23, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO CASA DE ORACION ADORACION INC.

Current Principal Place of Business:

C YPRESS ST.
SUITE 205
KISSIMMEE, FL 34741

New Principal Place of Business:

C YPRESS ST.
SUITE 205 WEST
KISSIMMEE, FL 34741

Current Mailing Address:

CYPRESS ST
SUITE 205
KISSIMMEE, FL 34741

New Mailing Address:

CYPRESS ST
SUITE 205 WEST
KISSIMMEE, FL 34741

FEI Number: 59-3697380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORTES, MILDRED
2465 WINCHESTER BLVD
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

CORTES, MILDRED
556 KILIMANJARO
KISSIMMEE, FL 34758 US

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: MILDRED CORTES

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORTES, MILDRED REV
Address: 2465 WINCHESTER BLVD
City-St-Zip: KISSIMMEE, FL 34743

Title: SD () Delete
Name: CORTES, HECTOR M REV
Address: 2465 WINCHESTER BLVD
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: CORTES SR., HECTOR M
Address: 11878 ATLIN DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORTES, MILDRED REV
Address: 556 KILIMANJARO
City-St-Zip: KISSIMMEE, FL 34758

Title: SD (X) Change () Addition
Name: CORTES, HECTOR M REV
Address: 556 KILIMANJARO
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED CORTES

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date