

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 12, 2008  
Secretary of State

DOCUMENT# N03000010817

Entity Name: CENTRO CRISTIANO SHALOM - ASAMBLEAS DE DIOS - DAVENPORT, FLORIDA, INC.

**Current Principal Place of Business:**

44089 U.S. HWY 27  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2889  
DAVENPORT, FL 33836

**New Mailing Address:**

FEI Number: 14-1885017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CABA, ABIUD  
108 PINE BARK WAY  
KISSIMMEE, FL 34758      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CABA, ABIUD PASTOR  
Address: 108 PINE BARK WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC ( ) Delete  
Name: LUZUNARIS, MARIA  
Address: 17104 WOODCREST WAY  
City-St-Zip: CLERMONT, FL 34714

Title: TRE ( ) Delete  
Name: WALKER, VICTOR  
Address: 602 AVENIDA CUARTA # 107  
City-St-Zip: CLERMONT, FL 34714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MARIA LUZUNARIS

SEC

08/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date