

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007845

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** COMUNIDAD FAMILIAR TABERNACULO DE ADORACION, INC.

**Current Principal Place of Business:**

403 GREEN ACRES RD  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

1681 BENNETS END  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 20-5254265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUZ NOEMI SUAREZ  
1681 BENNETS END  
FT. WALTON BEACH, FL 32547 US

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

LUZ SUAREZ  
1681 BENNETS END  
FT. WALTON BEACH, FL 32547 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: LUZ SUAREZ

02/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DOMINGUEZ, SAMUEL  
Address: 1996 SALAMANCA STREET  
City-St-Zip: NAVARRE, FL 32566

Title: VP  
Name: SANCHEZ, JUAN L  
Address: 1681 BENNETTS END  
City-St-Zip: FT, WALTON BEACH, FL 32547

Title: T  
Name: RUBIANO, YOLANDA  
Address: 974 CRIMSON HEIGHTS CT  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: S  
Name: SUAREZ, LIGEN N  
Address: 1996 SALAMANCA ST  
City-St-Zip: NAVARRE, FL 32566

Title: BD  
Name: SUAREZ, LUZ  
Address: 1681 BENNETTS END  
City-St-Zip: FT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: JUAN L SANCHEZ

VP

02/24/2012

Electronic Signature of Signing Officer or Director

Date