

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010702

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CENTRO CRISTIANO LA PAZ INC.

## Current Principal Place of Business:

5584 N OBT  
ORLANDO, FL 32810

## New Principal Place of Business:

## Current Mailing Address:

527 TERRACE VIEW COVE 302  
ALTAMONTESPRINGS, FL 32714

## New Mailing Address:

FEI Number: 26-3765008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NIEVES, EMILIO  
527 TERRACE VIEW COVE 302  
ALTAMONTE SPRINGS, FL 32714      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: P ( ) Delete  
Name: NIEVES, EMILIO  
Address: 527 TERRACE VIEW COVE 302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: NIEVES, MARITZA  
Address: 527 TERRACE VIEW COVE 302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: REVERON, JOSE  
Address: 5584 N OBT  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: TORRES, KATHERINE  
Address: 5584 N OBT  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: TORRES, FERDINAND  
Address: 5584 N OBT  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: RODRIGUEZ, DANIEL  
Address: 5584 N OBT  
City-St-Zip: ORLANDO, FL 32810

## 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:

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: EMILIO NIEVES

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date