## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002176

FILED Sep 05, 2006 Secretary of State

Entity Name: FOUNDATION FOR CHRISTIAN VALUES, INC.

urrent Pri	incipal Place of Busines	New Principal Place of Business:
	53RD TERRACE	
ΓE 201 IAMI, FL;	33166 US	
ırrent Ma	ailing Address:	New Mailing Address:
	53RD TERRACE	
E 201 AMI, FL;	33166 US	
eccordanc		pplied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) corporation did not receive the prior notice.  Sered Agent: Name and Address of New Registered Agent:
MENTEL,	ROBERTO	
70 SW 17 AMI, FL	7TH TERR 33155 US	
	named entity submits this of Florida.	atement for the purpose of changing its registered office or registered agent, or both
he State	of Florida. E:	
the State	of Florida.  Electronic Signature	Registered Agent Date
the State GNATUR	of Florida. E:	
he State BNATUR FICERS	of Florida.  E:  Electronic Signature  AND DIRECTORS:  PD ( ) Delete	Registered Agent Date
he State  BNATUR  FICERS  :: :: :: :: :: :: :: :: :: :: :: :: :	of Florida.  E: Electronic Signature  AND DIRECTORS:  PD () Delete PIMENTAL, ROBERTO 7170 SW 17TH TERR	Registered Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address:
the State	of Florida.  E:  Electronic Signature  AND DIRECTORS:  PD () Delete PIMENTAL, ROBERTO	Registered Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition Name:
he State GNATUR FICERS :: ne: ress: -St-Zip:	of Florida.  E:  Electronic Signature  AND DIRECTORS:  PD () Delete PIMENTAL, ROBERTO 7170 SW 17TH TERR MIAMI, FL 33155  VPD () Delete	Registered Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition
he State  GNATUR  FICERS  : ne: ress: -St-Zip: :: ne:	of Florida.  E:  Electronic Signature  AND DIRECTORS:  PD () Delete  PIMENTAL, ROBERTO 7170 SW 17TH TERR  MIAMI, FL 33155  VPD () Delete  MERIZALDE, LUIS D	Registered Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name:
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I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS MERIZALDE DIR 09/05/2006