

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2009  
Secretary of State**

DOCUMENT# P09076

**Entity Name:** COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" CORPORATION

**Current Principal Place of Business:**

**New Principal Place of Business:**

778 APPALOOSA  
MONTURA-CLEWISTON, FL 33440 US

**Current Mailing Address:**

**New Mailing Address:**

C/O ALEXANDRIA MONTIEL  
505 W HICPOCHEE AVE,367  
LABELLE, FL 33935 US

**FEI Number:** 11-2731213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

MONTIEL, ALEXANDRA  
505 W HICPOCHEE AVE,  
367  
LABELLE, FL 33935 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: MONTIEL, ALEXANDRA  
Address: 778 APALOOSA AVENUE  
City-St-Zip: MONTURA, CLEWISTON, FL 33440 US

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

Title: D ( ) Delete  
Name: DIEPPA, RAFAEL JR  
Address: 720 RIVERSIDE ST  
City-St-Zip: CLEWISTON, FL 33440

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

Title: D ( ) Delete  
Name: ELUIRA, GARCIA  
Address: 5100 S.FLAGLER,104  
City-St-Zip: MIAMI, FL 33134

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: ELVIRA GARCIA

DR

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date