

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001876

Entity Name: COUPLES FOR CHRIST, INC.**Current Principal Place of Business:**315 WEST MAPLE AVENUE
MONROVIA, CA 91016**Current Mailing Address:**315 WEST MAPLE AVENUE
MONROVIA, CA 91016 US**FEI Number:** 65-0683561**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARLAAN, ARTHUR
5001 TROYDALE RD
TAMPA, FL 33615-4313 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**Officer/Director Detail :**

Title CHAIRMAN
Name JETURIAN, RODOLFO JR.
Address 17552 EDGEWOOD LANE
City-State-Zip: YORBA LINDA CA 92886

Title TREASURER
Name DE GUZMAN, AMADO B
Address 3871 HIGHPOINTE CT
City-State-Zip: DUBLIN CA 94568

Title DIRECTOR
Name DACAYANAN, ROMEO
Address 510 CEDAR LANE
City-State-Zip: HAMILTON NJ 08610

Title DIRECTOR
Name PERIN, NORBY
Address 30 SUNCROFT CT
City-State-Zip: SILVER SPRING MD 20904

Title DIRECTOR
Name REANDELAR, JOSE F
Address 20 LETURGY AVENUE
City-State-Zip: DOBBS FERRY NY 10522

Title CORRESPONDING SECRETARY
Name BARLAAN, ARTHUR S
Address 5001 TROYDALE RD
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name FUNTERA, EXPEDITO
Address 30W151 FOXBORO COURT
City-State-Zip: WARRENVILLE IL 60555

Title DIRECTOR
Name CARANDANG, HERNANDO
Address 203 STONINGTON WAY
City-State-Zip: TAYLORS SC 29687

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: ARTHUR BARLAAN**CORRESPONDING
SECRETARY****04/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date