

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702155

FILED
Jan 19, 2009
Secretary of State

Entity Name: CENTRAL CHRISTIAN CHURCH OF DADE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

222 MENORES AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

222 MENORES AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-1612313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, VIRGIE LEE
3111 ANDERSON ROAD
CORAL GABLES, FL 33134 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: FSD () Delete
Name: GARY G. HARRIS,
Address: 231 MENDOZA #8
City-St-Zip: CORAL GABLES, FL

Title: V () Delete
Name: GENOVA, ANTHONY
Address: 290 MADEIRA AVE. APT. #2
City-St-Zip: MIAMI, FL 33134

Title: V () Delete
Name: PEREZ, SILVIA
Address: 3330 SW 105 AVE.
City-St-Zip: MIAMI, FL 33165

Title: PD () Delete
Name: RODRIGUEZ, TONY
Address: 15615 NW 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: RESTO, MILAGROS
Address: 6360 NW 114TH AVE #3235
City-St-Zip: DORAL, FL 33178

Title: S () Delete
Name: FELIX, MARIBEL
Address: 223 MENDOZA AVE #1
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FSD (X) Change () Addition
Name: GARY G. HARRIS,
Address: 215 MENDOZA AVE. EFFICIENCY
City-St-Zip: CORAL GABLES, FL 33134

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: T (X) Change () Addition
Name: RESTO, MILAGROS
Address: 6360 NW 114TH AVE #235
City-St-Zip: DORAL, FL 33178

Title: S (X) Change () Addition
Name: AJA, ROSY
Address: 2365 NW 1ST ST.
City-St-Zip: MIAMI, FL 33125

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: TONY RODRIGUEZ

PD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date