2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721521

FILED Jan 14, 2009 Secretary of State

Entity Name: CHRISTIAN COMMITMENT FOUNDATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	7.8 STREET GABLES, FL 331	134			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	7.8 STREET BABLES, FL 331	134			
FEI Numbe	r: 23-7123317	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
4410 ÁLT	DRGE L ESQ. ON ROAD :ACH, FL 33140) US			
	e named entity s te of Florida.	ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATL	JRE:				
	Flectron	ic Signature of Registered Age	ont	Doto	
	Liection	io oignature of registered rige	ATTL	Date	
OFFICER	S AND DIREC			GES TO OFFICERS AND DIRECTORS	
Γitle: Name: Address:	PD () DE TORO, LOR 2950 SW 109 A	FORS: Delete ENZO, VE			
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	PD () DE TORO, LOR 2950 SW 109 A MIAMI, FL 3316 SD () DE TORO, MAR 2950 SW 109 A	FORS: Delete ENZO, VE 35 Delete IA DEL CAR VE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () DE TORO, LOR 2950 SW 109 A MIAMI, FL 3316 SD () DE TORO, MAR 2950 SW 109 A MIAMI, FL 3316 SD () SOSA, JORGE 4410 ALTON RE	Delete ENZO, VE 85 Delete IA DEL CAR VE 65 Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	PD () DE TORO, LOR 2950 SW 109 A MIAMI, FL 3316 SD () DE TORO, MAR 2950 SW 109 A MIAMI, FL 3316 SD () SOSA, JORGE 4410 ALTON RE MIAMI BEACH, I	Delete ENZO, VE 35 Delete IA DEL CAR VE 35 Delete CAR VE Delete D. Delete D. Delete N	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

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: LORENZO DE TORO PD 01/14/2009