NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 738799

1. Corporation Name

MOVIMIENTO FAMILIAR CRISTIANO INC.

Principal Place of Busil
480 E 8TH STREET HIALEAH FL 33010 US

2. Principal Place of Business

Mailing Address

780 N.W. LE JEUNE RD. SUITE 427

2a. Mailing Address

MIAMI FL 33126

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90094 043 ****61.25



3. Date Incorporated or Qualifed

05/02/1977

211			1- A-4 # -t-			4. FEI Number		Δnr	olied For	
Suite, Apt.	#, etc.	27	te, Apt. #, etc.			59-1756543			Applicable	
City & State	9		/ & State	_	_	F 0 1/2 / 2011 - During		\$8.75 A	dditional	
23		28				Certifcate of Status Desired		Fee Re	quired	
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00		
24	25	29	30	<u> </u>	_	Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New	Registered A	Agent		
				81	Name					
Cruz, Alehandrina G esq.				82 Street Address (P.O. Box Number is Not Acceptable)						
780 N W LE JEUNE RD				OL OLIGH Addies (F. 10. Box Halliss is Hot Hospital)						
SUITE 427				83						
MIAMI FL 33126				84	City			85 Zip C	Code	
MIAMI FL 33120				54	City		FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appli	icable. (NOTE: Re	gistered Agen	t signature required	when reinstating)	DATE			
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	_	☐ DELETE	1.1 TITLE			-	Change	Addition	
NAME	CARBALLO, ARLES			1.2 NAME						
STREET ADDRESS	780 NW LE JEUNE ROAD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-S	T-ZIP					
TITLE '	SD		☐ DELETE	2.1 TITLE				Change	Addition	
NAME	CRUZ, FELIX D			2.2 NAME						
STREET ADDRESS	780 NW LE JEUNE ROAD			2.3 STREET	ADDRESS					
- CITY-ST-ZIP	MIAMI-FL-33126			2.4 CITY-S	T-ZIP					
TITLE	TD		DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME	RIERA, JOSE L			3.2 NAME					ł	
STREET ADDRESS	780 NW LE JEUNE ROAD			3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126			3.4. CITY- S	T-ZIP		_			
TITLE	VD		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	DE LA PENA, FELIX NUNEZ			4. 2 NAME					}	
STREET ADDRESS				4,3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126			4,4 CITY-S	T-ZIP					
TITLE		_	DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME				5.2 NAME						
STREET ADORESS				5.3 STREET	ADDRESS				Į	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		_			
TITLE		-	☐ DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME					j	
STREET ADDRESS:				6.3 STREET	ADDRESS				j	
CITY-ST-ZIP				6.4 CITY-ST	T-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNING OFFICER OR DIRECTOR