

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 09, 2009
Secretary of State

DOCUMENT# 747375

Entity Name: MIZPA CHRISTIAN UNIVERSITY, INC.**Current Principal Place of Business:**4940 HOFFNER AVENUE
ORLANDO, FL 32812 US**New Principal Place of Business:****Current Mailing Address:**4940 HOFFNER AVENUE
ORLANDO, FL 32812 US**New Mailing Address:****FEI Number:** 38-3776280**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROSA, NOEMI
3862 BENTFORD CT
ORLANDO, FL 32817 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:** PD () Delete
Name: HUAMAN, ELIZABETH
Address: 3850 BENTFORD CT.
City-St-Zip: ORLANDO, FL 32817 US**Title:** D () Delete
Name: FLORES, BENICIA
Address: 2005 11TH STREET
City-St-Zip: ST. CLOUD, FL 34769 US**Title:** D () Delete
Name: FONTANEZ, MISAEL
Address: 1530 KEARIN LN.
City-St-Zip: ORLANDO, FL 32825 US**Title:** D () Delete
Name: RODRIGUEZ, JUAN
Address: 185 CRISTAL OAK DR.
City-St-Zip: DELAND, FL 32720 US**Title:** P () Delete
Name: DIAZ, JOSE A
Address: 2300 LILLY PAD LN
City-St-Zip: KISSIMMEE, FL 34743 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: RIVERA, JULIO C PD
Address: 14050 N.E. 51 ST. PL.
City-St-Zip: WILLISTON, FL 32696 US**Title:** D (X) Change () Addition
Name: DEL VALLE, ZORAIDA
Address: 211 KASSIK CR.
City-St-Zip: ORLANDO, FL 32824 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: JOSE A. DIAZ

P

06/09/2009

Electronic Signature of Signing Officer or Director

Date