

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755951

FILED
Apr 19, 2009
Secretary of State

Entity Name: LA FAMILIA CRISTIANA, INC.

Current Principal Place of Business:

980 SW 82 AVE
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

14836 SW 98 TERR
MIAMI, FL 33186 US

New Mailing Address:

14536 SW 98 TERR
MIAMI, FL 33186 US

FEI Number: 59-2060034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, GUILLERMINA
14512 SW 98 TR
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CALVO, JULIO A PD
14536 SW 98 TERRACE
MIAMI, FL 33186 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: JULIO A. CALVO

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, GUILLERMINA
Address: 14512 SW 98 TERR
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: CALVO, JULIO A
Address: 14536 SW 98 TERR
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: BETANCOURT, ARTIDES
Address: 9436 SW 143 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GONZALEZ, HENRY
Address: 8508 SW 103 AVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: OCARIZ, LUIS A
Address: 60 NW 74 AVE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALVO, JULIO A
Address: 14536 SW 98 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD (X) Change () Addition
Name: MUÑOZ, MAYELIN
Address: 630 NE 2ND PL
City-St-Zip: HIALEAH, FL 33010

Title: TD (X) Change () Addition
Name: RAMOS, RITA
Address: 8435 SW 156 CT APT # 1024
City-St-Zip: MIAMI, FL 33193

Title: D (X) Change () Addition
Name: GONZALEZ, HENRY
Address: 7540 SW 107 AVE
City-St-Zip: MIAMI, FL 33173

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: JULIO A CALVO

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date