

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001259

FILED
Apr 28, 2008
Secretary of State

Entity Name: SHALOM CHRISTIAN CENTER, INC.

Current Principal Place of Business:

206 EAST MYRTLE STREET
LAKE LAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1212
LAKE LAND, FL 338021212

New Mailing Address:

FEI Number: 59-3632298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCASIO, MARIA E
2825 MOONLIGHT COVE LANE
201
LAKE LAND, FL 33810 US

Name and Address of New Registered Agent:

OCASIO, MARIA E
181 OSPREY HEIGHTS DR
WINTER HAVEN, FL 33880 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:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OCASIO, MARIA E
Address: 2825 MOONLIGHT COVE LANE APT 201
City-St-Zip: LAKE LAND, FL 33810

Title: D () Delete
Name: MORALES, ANA L
Address: 1034 CHEERY LANE APT 201
City-St-Zip: LAKE LAND, FL 33811

Title: SD () Delete
Name: OCASIO, LISA I
Address: 2825 MOONLIGHT COVE LANE APT 201
City-St-Zip: LAKE LAND, FL 33810

Title: D () Delete
Name: DOMINGUEZ, NARDA M
Address: 3661 QUEENS COVE BLVD.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: CHEVALIER, JESSICA E
Address: 1714 CRYSTAL GROVE CIRCLE
City-St-Zip: LAKE LAND, FL 33801

Title: D () Delete
Name: CHEVALIER, CAYETANO A
Address: 1714 CRYSTAL GROVE CIRCLE
City-St-Zip: LAKE LAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OCASIO, MARIA E
Address: 181 OSPREY HEIGHTS DR
City-St-Zip: WINTER HAVEN, FL 33880

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: () 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: MARIA E OCASIO

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date