

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006410

FILED
Feb 17, 2009
Secretary of State

Entity Name: CHURCH CELESTIAL MISSION, INC.

Current Principal Place of Business:

2012 N. TAMPANIA AVE.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2012 N. TAMPANIA AVE.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3642927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAS, JUAN R
2007 SOUTH 58TH STREET
TAMPA, FL 33619 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: P () Delete
Name: SALAS, JUAN R
Address: 2007 SOUTH 58TH STREET
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: SALAS, LETICIA
Address: 2007 SOUTH 58TH STREET
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: NEGRON, EVELYN
Address: 1701 E. NORTHWOOD ST.
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: VELEZ, SARAI
Address: 11534 LAMPLIGHTER LN.
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NEGRON, EVELYN
Address: 1701 E. KNOLLWOOD ST.
City-St-Zip: TAMPA, FL 33610

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: JUAN R SALAS

PAST

02/17/2009

Electronic Signature of Signing Officer or Director

Date