2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

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Entity Name: CENTRO CRISTIANO HERENCIA DEL REY, INC.

Current Principal Place of Business:

1360 E. VINE ST.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

590 W. TROPICANA CT
KISSIMMEE, FL 34741 US

Current Mailing Address:

P.O. BOX 453173
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 59-3692631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASILLAS, ERUNDINA P
405 W. TROPICANA COURT
KISSIMMEE, FL 34741 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
Name: CASILLAS, ERUNDINA P
Address: 405 W. TROPICANA COURT
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T, S
Name: DAVID, BAEZ T,S
Address: 3213 ABIAKA DR.
City-St-Zip: KISSIMMEE, FL 34743 US

Title: O
Name: MELENDEZ, FELIX O
Address: 160 LA PAZ DRIVE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: O
Name: COLON, HAYDEE O
Address: 2136 WALDEN PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: O
Name: RIVERA, NORMA O
Address: 14931 DAY LILY COURT
City-St-Zip: ORLANDO, FL 32824 US

I hereby 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 all other like empowered.

SIGNATURE: ERUNDINA CASILLAS P 03/27/2012

Electronic Signature of Signing Officer or Director Date