

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001807

FILED
Apr 27, 2007
Secretary of State

Entity Name: COMUNIDAD CRISTIANA PEMBROKE PINES, INC.

Current Principal Place of Business:

8527 PINES BLVD
STE 208
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8527 PINES BLVD
STE 208
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-1085579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, DAVID S
16288 NW 20 ST
PEMBROKE PINES, FL 33028 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: DP () Delete
Name: RIVERA, DAVID S
Address: 16288 NW 20 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DV () Delete
Name: RIVERA, PENELOPE DE
Address: 16288 NW 20 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS () Delete
Name: BENITO, LILLIANA M
Address: 19408 NW 56TH PL
City-St-Zip: MIAMI, FL 33055

Title: DT () Delete
Name: BRICENO, CATHERINE A
Address: 714 SW 157 TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: D () Delete
Name: BENITO, RICARDO A
Address: 19408 NW 56TH PL
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: BRICENO, MIGUEL A
Address: 714 SW 157 TERRACE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CATHERINE A. BRICENO

DT

04/27/2007

Electronic Signature of Signing Officer or Director

Date